

Name
in
Full

Julia Alexandra Appleberg

CERTIFICATE OF DEATH

Died at ^{Town} <i>Monterey Hospital</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death	1909	Month	5	Day	26
Age	81	Years		Months	4
				Days	26
Sex	<i>Female</i>	Color or Race	<i>Wh</i>	Birth-place	<i>Sweden</i>
Occupation	<i>Nurse</i>		Where Residing if not at place of death	<i>X</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Appleberg</i>			Father's Birthplace	<i>Sweden</i>
Mother's Maiden Name	<i>unk</i>			Mother's Birthplace	<i>Sweden</i>
Name of person giving information	<i>unk</i>			How related to deceased	

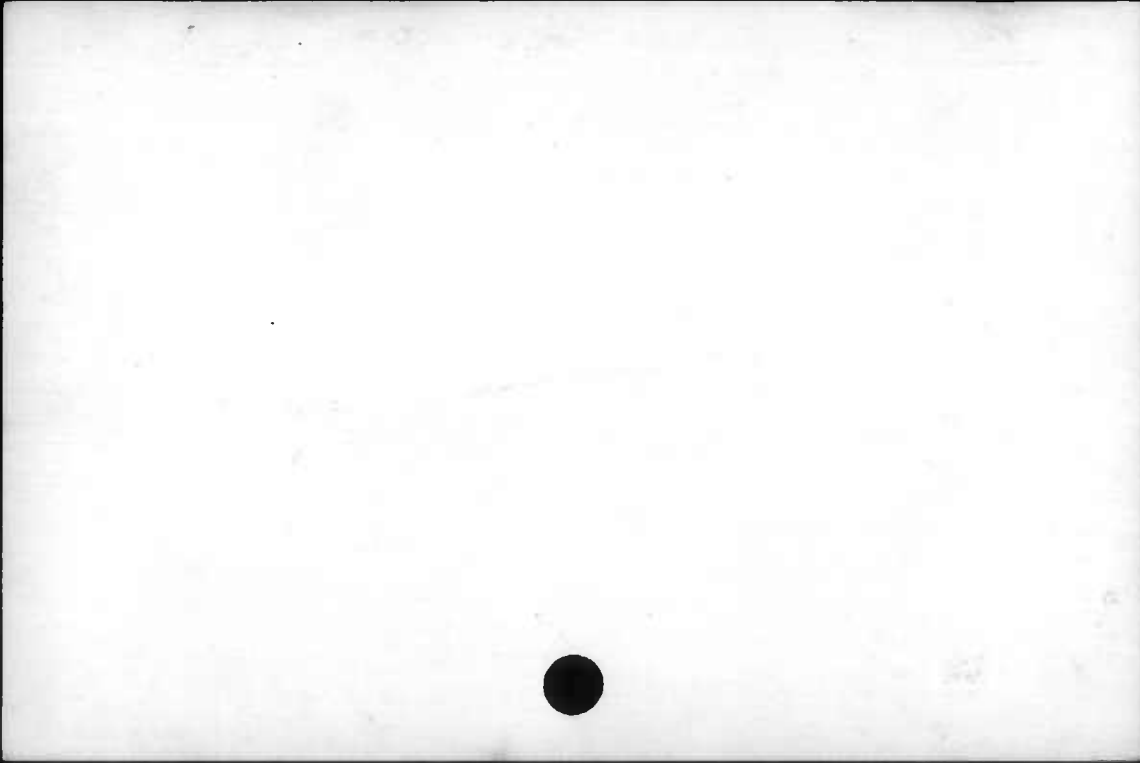
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

29

Primary	<i>Tuberculosis (intestinal)</i>	How long	<i>(?)</i>
Immediate	<i>Aschemic</i>	How long	<i>at Hospital about 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H P Fabrey M.D.</i>		
	Address <i>Fredrick Md</i>		
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Elisabeth Ashby

CERTIFICATE OF DEATH

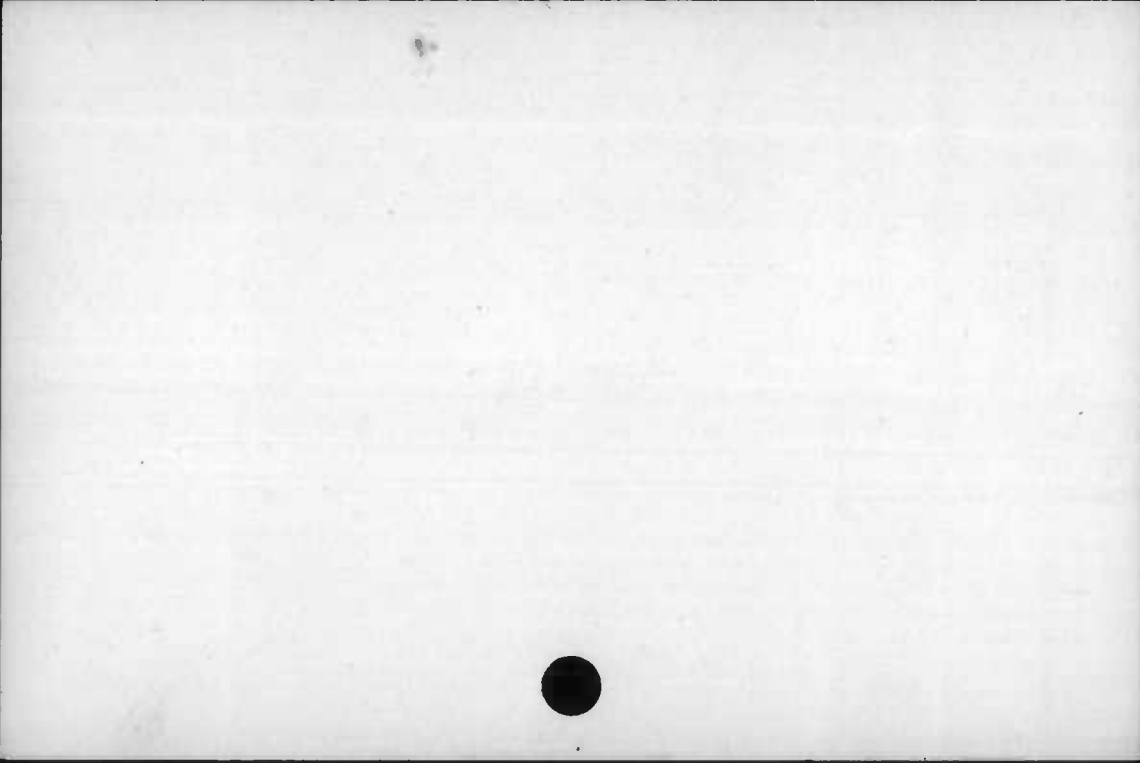
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>24</i>	Age	Years <i>29</i>	Months <i>5</i>	Days <i>6</i>
Sex	<i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Med.</i>			
Occupation	<i>none</i>		Where Residing if not at place of death		<i>at peace of death</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Douglas Ashby</i>				Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Queen Regina Reed</i>				Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>mother</i>				How related to deceased	<i>mother</i>	

CAUSES OF DEATH

63

Primary	<i>Enbro. Spinal Sclerosis</i>		How long	<i>14 years</i>
Immediate	<i>Asthma</i>		How long	<i>21 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>S. J. Haggner, M.D.</i>	
			Address <i>Frederick, Md.</i>	
Accident or Suicide? <i>no</i>				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Salome Baer

County

MARYLAND

Died at

Frederick Md

Day

24

Years

78

Months

11

Days

17

Date

1909

Month

May

Age

Sex

Female

Color or
Race

white

Birth-
place

France

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
Husband

Peter Baer

Father's
Name

Henry / Householder

Father's
BirthplaceBohlsdorf
Hesse, PrussiaMother's
Maiden Name

Hera / Householder

Mother's
BirthplaceBohlsdorf
Hesse, PrussiaName of person giving
In formation

H. B. Zimmerman

How related
to deceased

Grandson

CAUSES OF DEATH

93

Primary

Pneumonia

How long

One week

Immediate

Exhaustion

How long

Short while

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Goodman M.D.
Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs. Elizabeth Barker

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} New Townville ^{County} FrederickDate of death 1909 ^{Month} May ^{Day} 27 ^{Years} Age 77 ^{Months} 5 ^{Days} 29Sex Female ^{Color or Race} White ^{Birth-place} Pa.Occupation House Wife ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband} Nathan BarkerFather's Name Jane Adams ^{Father's Birthplace}Mother's Maiden Name Sarah Adams ^{Mother's Birthplace}Name of person giving information Jacob Adams ^{How related to deceased} Brother

CAUSES OF DEATH

108

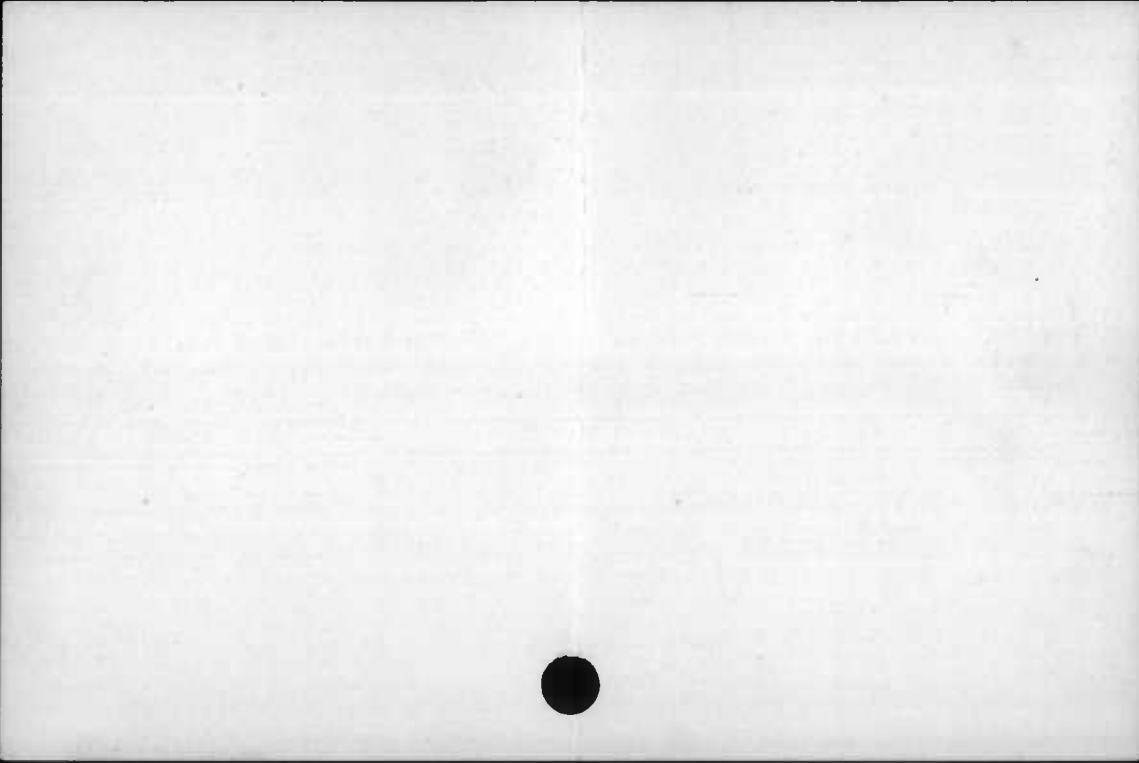
Primary ^{Chronic} Obstruction of Intestines ^{How long} About 1 yrImmediate Intestinal Obstruction ^{How long} 6 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Robt. M. Hammond

Address ~~W. H. H. H.~~

Accident or Suicide? No.



Name in Full Sarah Brown		Town Liberty Town		County Fredenest		CERTIFICATE OF DEATH	
Died at		Month May		Day 7		MARYLAND	
Date of death 1909		Age —		Years —		Months —	
Sex Female		Color or Race Colored		Birth-place Liberty Town		Days 7	
Occupation none		Where Residing if not at place of death unk					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Buddy Roberts		Father's Birthplace Fredenest Co.					
Mother's Maiden Name Lizzie Brown		Mother's Birthplace Virginia					
Name of person giving information Ervi Goodwin		How related to deceased Grand-father					
		CAUSES OF DEATH					
Primary unk now		How long 71					
Immediate Convulsions		How long 10 hrs.					
Are the name, age, sex, color, date and place correctly given above? Yrs		Signature of Physician Dr. B. Stone					
		Address Liberty town					
Accident or Suicide?							



Name
in
Full

Leona Cherry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Montevue Hotel Frederick County + **MARYLAND**

Date of death 1909 5 Month 7 Day 22 Years 3 Months x Days

Sex Female Color or Race White Birth-place Maryland

Occupation Unknown Where Residing if not at place of death Landlocked Md

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Claude Cherry Father's Birthplace Maryland

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information S. M. Gregg (Supt) How related to deceased None

CAUSES OF DEATH

Primary Typhoid Fever How long 3 weeks

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician [Signature] MD

Address

Accident or Suicide —

PHYSICIAN
OR CORONER

Internment May - 10 - 07

" at Baltimore Md.

Thomas P. Rice F&D,

Dr. H. P. Fabreux

Dr. Goodell

Dr. Mc Gurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Grace Complan</i>		Town <i>Brunswick</i>		County <i>The dick</i>		State <i>MARYLAND</i>	
Died at <i>Brunswick</i>		Month <i>May</i>		Day <i>8</i>		Years <i>35</i>	
Date of death <i>1909 May 8</i>		Age <i>35</i>		Months <i>7</i>		Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Penn.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Husband <i>Edward Lee Complan</i>					
Father's Name <i>Joe H. Josh</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emeline Hallenburger</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>J. D. Josh</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>2 months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Hedges</i>	
		Address <i>Brunswick Md</i>	
Accident or Suicide?			



Name
in
Full

William E. Costley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Mt Pleasant* County *Fredericks* MARYLAND

Died at *Mt Pleasant* *Fredericks*

Date of death 1909 Month *5* Day *7* Age *78* Months *3* Days *3*

Sex *Male* Color or Race *Black.* Birth-place *Fredk. Co. Md.*

Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Julia A. Woodyard*

Father's Name *Holomon Costley* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary A. Johnson* Mother's Birthplace *" "*

Name of person giving Information *Julia A. Costley* How related to deceased *Wife*

PHYSICIAN
OR CORONER

Badly bruised about face, body, and limbs.

CAUSES OF DEATH

Primary

Internal injuries

How long

4. days

Immediate

Cerebral Hemorrhage

How long

unknown.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. H. Hillard M.D.

Address

Injured by another inmate*Mt. Pleasant.*

Accident or Suicide

*of insane asylum.**Frederick Co. Md.*

Interment May 9 - 1909

" at Silver Hill Cemetery

Thomas P. Rice. F. D.

Dr Willard

Dr Goodell.

Name
in
Full

Rosa Bell Croun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frederick ^{County} Frederick MARYLAND
Date of death 1909 ^{Month} 5 ^{Day} 2 Age ^{Years} 34 ^{Months} 1 ^{Days} 23
Sex Female Color or Race White Birth-place Fredt. Co. Md.
Occupation House Wife Where Residing if not at place of death Same
Married, Single or Widowed Married Name of Wife or Husband Frank E. Croun.
Father's Name Edward L. Stumpf Father's Birthplace Maryland
Mother's Maiden Name Victoria Wickham Mother's Birthplace "
Name of person giving Information Frank E. Croun How related to deceased Husband

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary Child Birth - How long 13 days
Immediate Septicemia How long 6 days
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician F. H. Meyer
Address F. Frederick
Accident or Suicide

Interment May 4 - 1909

" at Mt. Olivet Cemetery

Thomas P. Rice F. & I.

Dr. Hedges,

Dr. McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

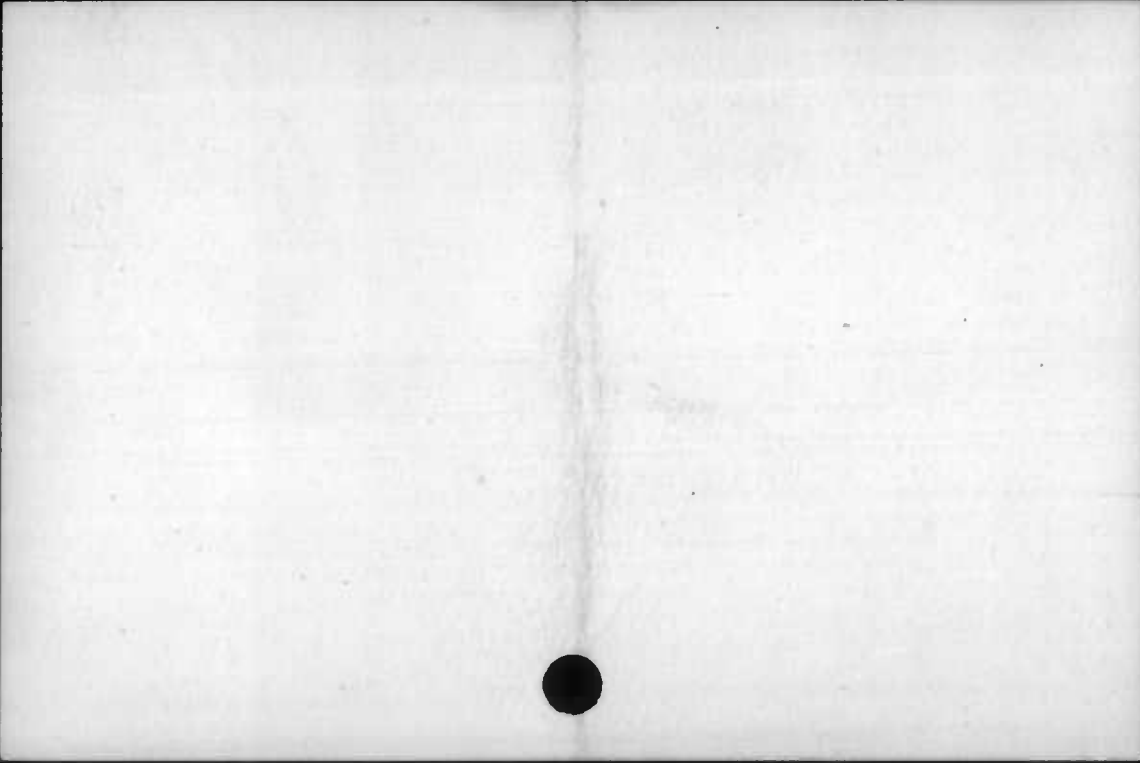
MARYLAND

Died at <i>Davis</i> Town <i>Bartonsville</i>		County <i>Frederick</i>			
Date of death <i>1909</i>	Month <i>May</i>	Day <i>22</i>	Years <i>Age Born dead</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Bartonsville</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edmont Davis</i>		Father's Birthplace <i>Bartonsville</i>			
Mother's Maiden Name <i>Mannis Thomas</i>		Mother's Birthplace <i>Bartonsville</i>			
Name of person giving information <i>William Davis</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asphyxia</i>	How long <i>8</i>
Immediate <i>Asphyxia</i>	How long <i>Born dead</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. O. Thomas M.D.</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Yes</i>



Name
in
Full

Thos. L Deacons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		5	26	38			14
Sex	male	Color or Race	Black		Birth-place	Md	
Occupation	Laborer		Where Residing if not at place of death		Frederick Md		
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	Luther Deacons				Father's Birthplace	Md	
Mother's Maiden Name	Catherine Bambridge				Mother's Birthplace	Md	
Name of person giving Information	Luther Deacons				How related to deceased	Father	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	1 day
Immediate	Indigestion food & alcohol	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. E. Long
		Address	Frederick Md.

Accident - Suicide

Interment May 28- 1909

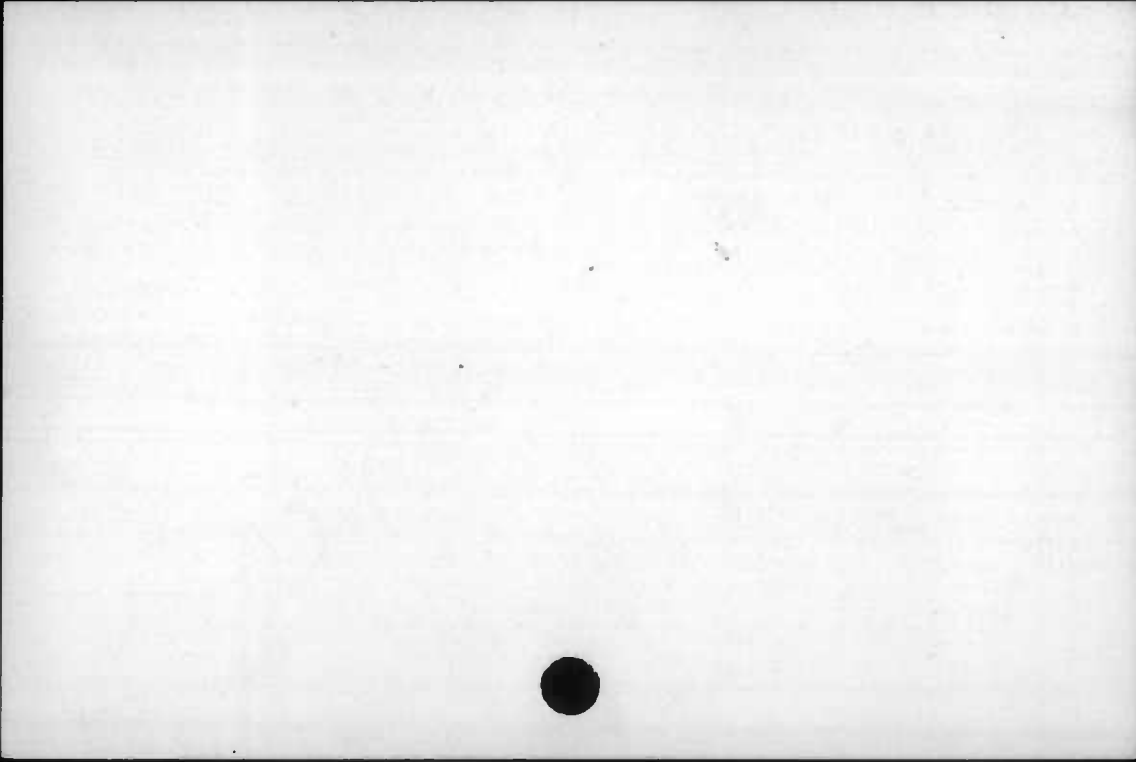
" at Greenmount Cemetery

Thomas P. Rice F. A.

Dr. Long

Dr. McCurdy

Name in Full		CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND					
	Oak Orchard		Frederick									
	Date of death	1909	Month	May	Day	31	Age	68	Months	8	Days	15
	Sex	Female		Color or Race	White		Birth-place	Maryland				
	Occupation	House Wife				Where Residing if not at place of death	Oak Orchard					
	Married, Single or Widowed	Married		Same of Wife or Husband	Martin L. Merrill							
	Father's Name	Nathan B. Stockdale					Father's Birthplace	Maryland				
	Mother's Maiden Name	Elizabeth Cover					Mother's Birthplace	Maryland				
Name of person giving information	Martin L. Merrill					How related to deceased	Husband					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Scarlet fever					How long	10 years				
	Immediate	Convulsions					How long	Two days				
	Are the name, age, sex, color, date and place correctly given above?					yes	Signature of Physician	C. H. Brown				
						Address	New Windsor					
	Accident or Suicide?											



Name
in
Full

Mrs. Ammie Dumm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>May</u> Day <u>5</u>	Age	<u>55</u> Years	Months <u>—</u>	Days <u>—</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>do not know</u>
Occupation	<u>House wife</u>	Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>John Dumm</u>			
Father's Name	<u>do not know</u>	Father's Birthplace <u>do not know</u>			
Mother's Maiden Name	<u>do not know</u>	Mother's Birthplace <u>do not know</u>			
Name of person giving Information	<u>Joseph Johnson</u>	How related to deceased <u>None</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>chronic myocarditis</u>	How long	<u>5 years</u>
Immediate	<u>Heart failure</u>	How long	<u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Wm. M. Smith</u>
		Address	<u>Frederick, Md.</u>
Accident or Suicide			



Name
in
Full

Eyler (Arthur)

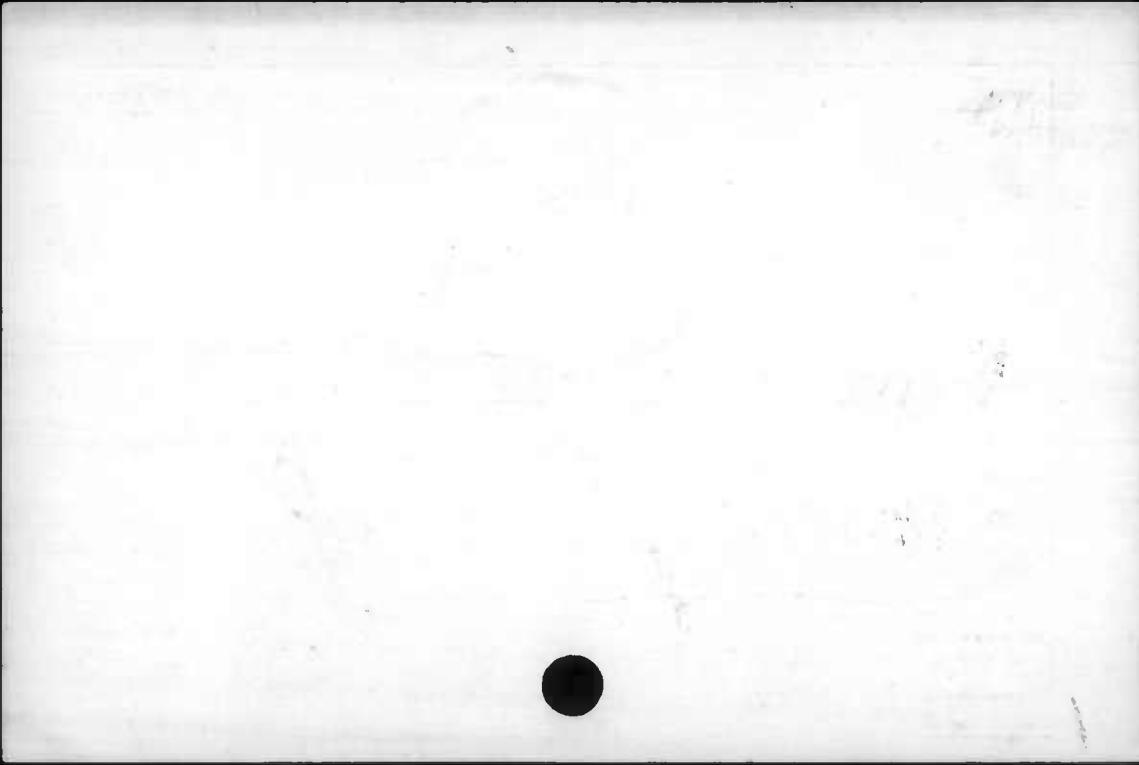
CERTIFICATE OF DEATH

Died at <i>Monteom Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Date of death	1909	Month	5	Day	15
Age		10		Months	0
Sex	Male	Color or Race	White	Birth-place	Fredericks
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Edmund Eyler		Father's Birthplace	
Mother's Maiden Name		Mary Denterman		Mother's Birthplace	
Name of person giving Information		Father		How related to deceased	

CAUSES OF DEATH

Primary	<i>Malnutrition (Chronic)</i>	How long	<i>16 weeks</i>
Immediate	<i>Asphyxia</i>	How long	<i>0</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A.P. Lohmeyer</i>	
		Address	
		<i>Fredericks</i>	
Accident or Suicide			

179



Name
in
Full

Ann Rebecca Fart Fout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick Md</i>		Town <i>Frederick</i>		County <i>Md</i>		MARYLAND	
Date of death	1909	Month	May	Day	18	Age	72
				Years	8	Months	8
Sex	<i>Female</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Md</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/>				Name of Wife or Husband			
Father's Name <i>John H Fart</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Susan Stone</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs Clara Lambright</i>				How related to deceased <i>No Relation</i>			

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>30 years</i>
Immediate	<i>Blood effusion in brain</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Mrs Crawford Johnson</i>	
		Address <i>Fredk Md</i>	
Accident or Suicide?			



Name
in
Full

Ruth Viola Foyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fredericks*

Town

Frederick

County

MARYLAND

Date
of death 1909

Month

5

Day

25

Years

Age 16.

Months

Days

Sex *Female*

Color or
Race

Black

Birth-
place

Fredericks

Occupation

Maid

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Foyle

Father's
Birthplace

Fredericks Co Md

Mother's
Maiden Name

Ruth Lowery

Mother's
Birthplace

Carroll, " "

Name of person giving
Information

Mrs. Basil Sewell

How related
to deceased

Sister

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Only saw

Immediate

Anemia

How long

*the case
the evening she died*

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

B. C. Thomas M.D.

Address

*Frederick
Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Interment May 27 - 1909

" at New Market. Colored
Cemetery

Thomas P. Rice Jr. & O,

Dr. B. O. Thomas

Dr. McCurdy.

Name
in
Full

Elizabeth Fulmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

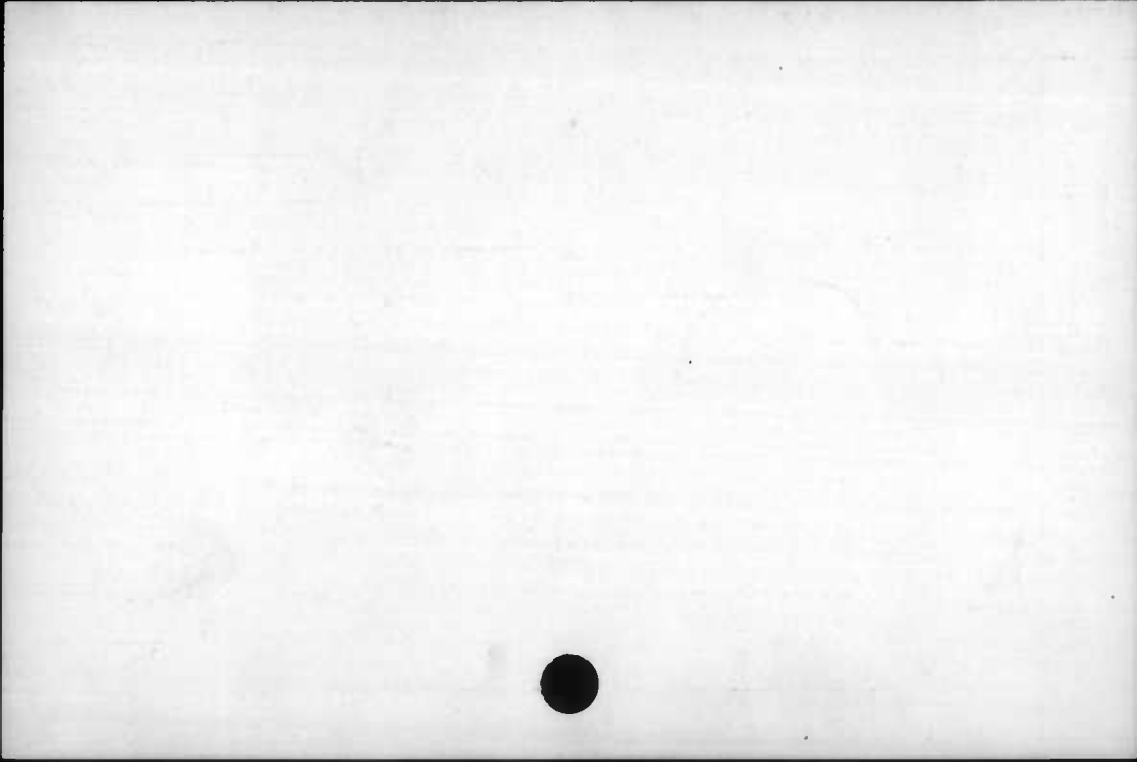
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1909	Month May	Day 17	Age 80	Years	Months 8	Days 23
Sex	Female		Color or Race	white		Birth place	Frederick Co., Md.
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Lewis Fulmer			
Father's Name	Not known					Father's Birthplace	Not known
Mother's Maiden Name	Not known					Mother's Birthplace	Not known
Name of person giving Information	Mary Fulmer					How related to deceased	Daughter

CAUSES OF DEATH

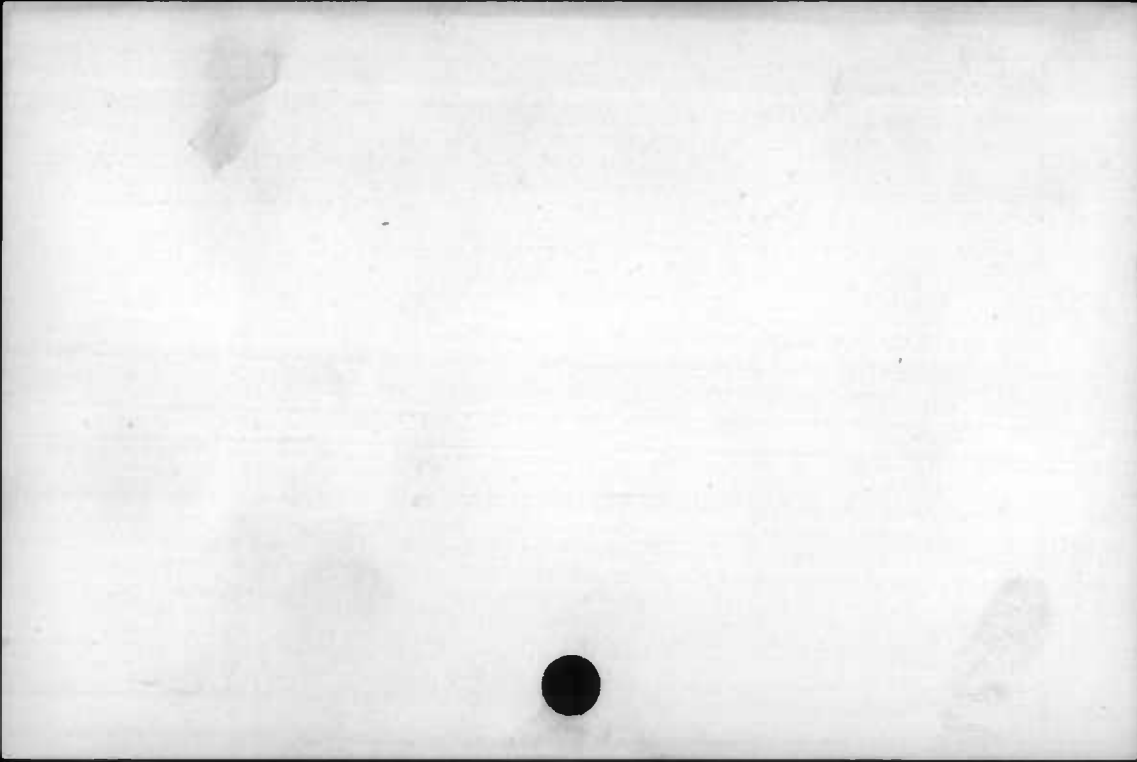
79

PHYSICIAN
OR CORONER

Primary	Organic Heart & Kidney lesions	How long	several years
Immediate	Cardiac asthma	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J. Q. Hendrix, M.D.		
Address	Frederick, Md.		
Accident or Suicide?	No		



Name is Full		Certificate of Death			
Samuel Green		Liberty Town		Frederick	
Died at		Town		County	
Date of death		Month		Days	
1909		May		6	
Age		Years		Months	
1		6		5	
Sex		Color or Race		Birth-place	
Male		Colored		Frederick Co	
Occupation		Where Residing if not at place of death			
None					
Married, Single or Widowed		Name of Wife or Husband			
Single		None			
Father's Name		Father's Birthplace			
Albert Green		Carroll Co			
Mother's Maiden Name		Mother's Birthplace			
Mary Dorsey		Frederick Co			
Name of person giving information		How related to deceased			
Albert Green		Father			
		CAUSES OF DEATH			
Primary		Pertussis		How long	
				10 days	
Immediate		Exhaustion		How long	
				1 day	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Otis B. Stone			
		Address			
		Liberty Town			
		Frederick Co			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

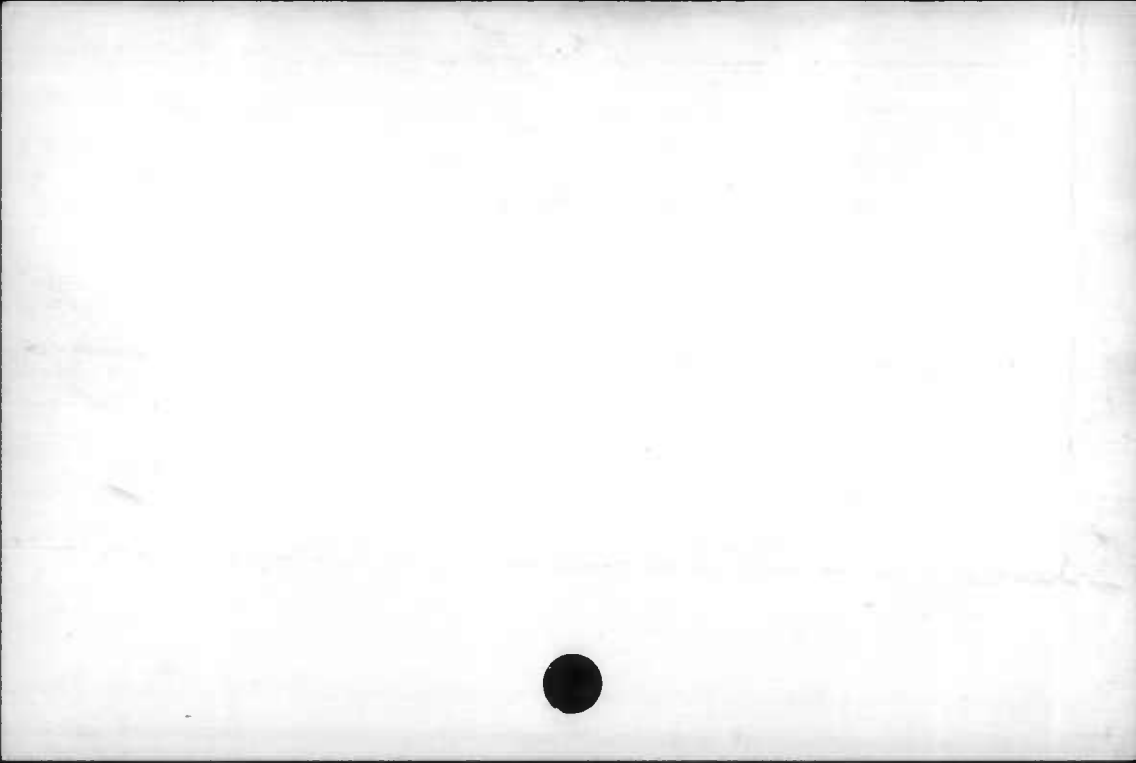
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May	28 th	Age 83	2	16	
Sex	Male	Color or Race	Colored		Birth-place	Carroll County	
Occupation	Shimule & Mason		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Moses Hammer				Father's Birthplace	Fruit Co	
Mother's Maiden Name	unk				Mother's Birthplace	—	
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis	How long	Several yrs.
Immediate	Cerebral Apoplexy	How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		U. G. Courne M.D.	
		Address	
		Frederick Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

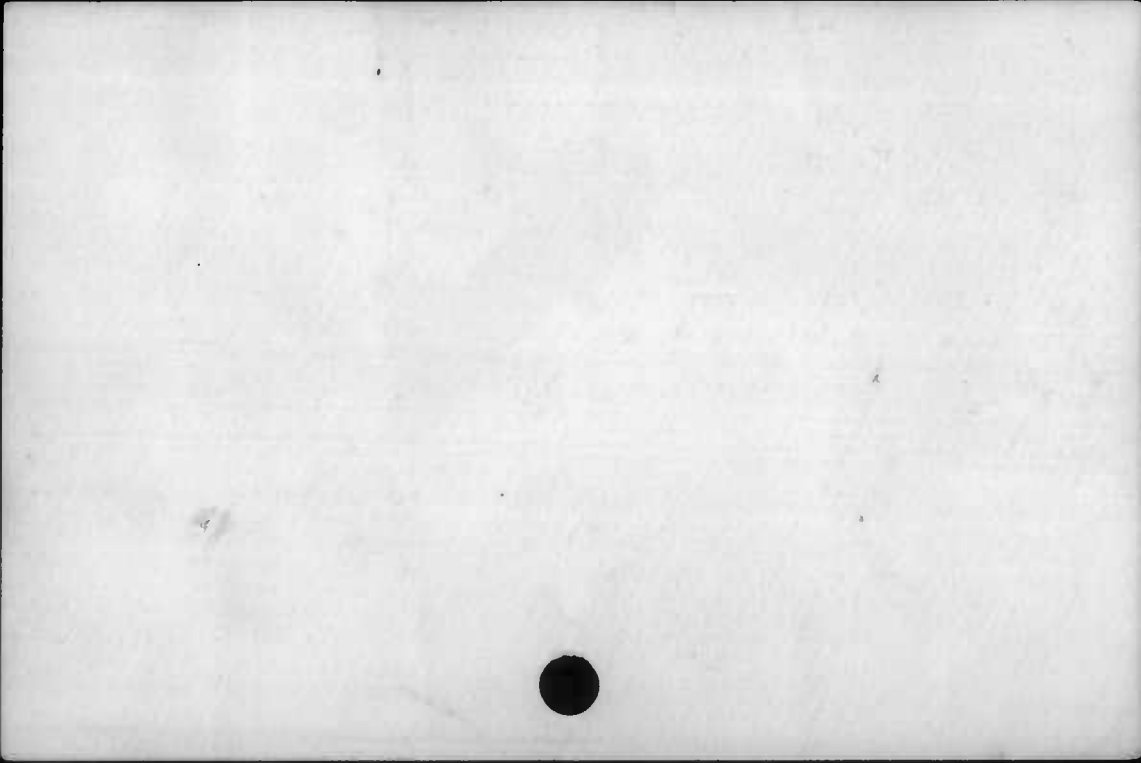
Died at <i>Le Gore</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	May	Day	19
Age	70	Years	2	Months	4
Sex	Male	Color or Race	White	Birth-place	MD
Occupation	Labour	Where Residing if not at place of death <i>Same place</i>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Mary Hartsock Odean</i>			
Father's Name	<i>Nicholas Hartsock</i>	Father's Birthplace <i>MD</i>			
Mother's Maiden Name	<i>Catherine</i>	Mother's Birthplace <i>MD</i>			
Name of person giving information	<i>Geo. Hartsock</i>	How related to deceased <i>Son</i>			

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism (Chronic Articular)</i>	How long	<i>About 2 years</i>
Immediate	<i>Neuralgia of Heart</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Geo</i>		<i>C. A. Stutz</i>	
to best of my knowledge		Address	
<i>no</i>		<i>Woodsboro MD</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Andrew Augustus Hedges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1909		May		29		Age 77	
Date of death		Month		Day		Years	
Sex		Color or Race		Where Residing if not at place of death		Birthplace	
male		white		Indued Co Md		Indued Co Md	
Occupation		Name of Wife or Husband		Father's Name		Father's Birthplace	
Farmer		Widowed		Enoch Hedges		Indued Co Md	
Married, Single or Widowed		Name of Wife or Husband		Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information		How related to deceased		Catherine Schoe		Indued Co Md	
Sam Hedges		Son					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary		How long	
Age		Gradual	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Gradual	
Signature of Physician		Address	
J. B. Johnson		Indued	
Accident or Suicide		Indued	



Name
in
Full

Elizabeth A. Himes
Town Frederick County

CERTIFICATE OF DEATH

MARYLAND

Died at Frederick

Frederick

Date of death 1909

Month

5

Day

19

Years

Age

74

Months

11

Days

29

Sex Female

Color or Race

White

Birthplace

Frederick Co. Md

Occupation

House Wife

Where Residing if not at place of death

Mt. Zion. Frederick Co. Md

Married, Single or Widowed

Married

Name of Wife or Husband

James Himes

Father's Name

William Holter

Father's Birthplace

Frederick Co. Md

Mother's Maiden Name

Magdaline Beard

Mother's Birthplace

" " "

Name of person giving Information

John Himes

How related to deceased

Son.

CAUSES OF DEATH

66

Primary

Cerebral Paralysis

How long

Three weeks

Immediate

Asphyxia

How long

Six hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. R. Barney M.D.

Address

Frederick Md

Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment May 22 - 1909
" at Mt Zion Cemetery

Thomas P. Rice F.D.

Dr. H. P. Fahoney

Dr. McQuerry

Dr. Goodell,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middleton</i> ^{Town} <i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>May</i> ^{Day} <i>8</i> ^{Years} <i>78</i> ^{Months} <i>1</i> ^{Days} <i>9</i>	Sex <i>Male</i>	Color or Race <i>Colord</i>	Birth-place <i>Md</i>
Occupation <i>Broom Maker</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Johnson</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Maria Johnson</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Sarah Johnson</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 days</i>
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. G. Lauer M.D.</i>
	Address <i>Middleton Md.</i>
Accident or Suicide?	



Name
in
Full

Garb M. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

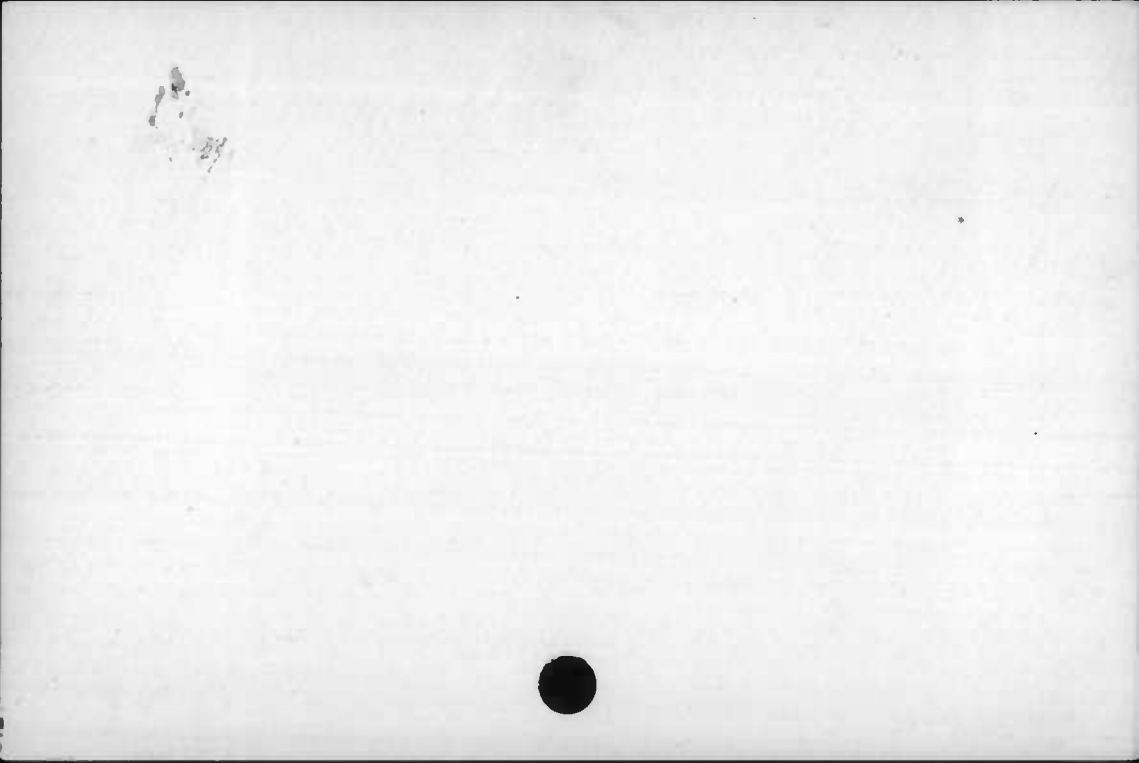
Died at <i>Frederick</i> Tcwn		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	May	Day	5
Sex	Male	Color or Race	White	Age	80
Occupation	Retired	Where Residing if not at place of death	Downington Pa.		
Married, Single or Widowed	Married	Name of Wife or Husband	Susan M. Burnett		
Father's Name	Nathan H. Lewis	Father's Birthplace	Charleston Pa		
Mother's Maiden Name	Eliza Mickle Burnett	Mother's Birthplace	Charleston Pa		
Name of person giving information	Susan M. Lewis	How related to deceased	Wife		

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis	How long	10 or more yrs
Immediate	Angina Pectoris	How long	20 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Maynard
		Address	17 Second St West Frederick Md.
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ellen Mahoney

Town

County

Died at

Fredericks

Fredericks

MARYLAND

Date

of death 1909

Month

5

Day

2

Years

Age

43

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Fredericks

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

William H. Mahoney

Father's
Name

John Isaac's

Father's
Birthplace

Maryland

Mother's
Maiden Name

Jane Jackson

Mother's
Birthplace

"

Name of person giving
Information

Wm H. Mahoney

How related
to deceased

Husband

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary

Congestion of Lungs.

How long

3 days.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.A. Long.
City.

Accident or Suicide

Interment May 3- 09

" at Government Cemetery

Thomas P. Rice F. & O.

Dr Long

" McCurdy

Name
in
Full

Ella Catherine Martin

CERTIFICATE OF DEATH

Died at ^{Town} *near Thurmont* ^{County} *Fredrick* **MARYLAND**

Date of death *1909* ^{Month} *May* ^{Day} *12* ^{Years} *49* ^{Months} *5* ^{Days} *14*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing If not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas E. Martin*

Father's Name *Wm. Lipis* Father's Birthplace *Maryland*

Mother's Maiden Name *Maria Baller* Mother's Birthplace *Maryland*

Name of person giving information *Chas E. Martin* How related to deceased *Husband*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Carcinoma of L. Breast* How long *1 year*

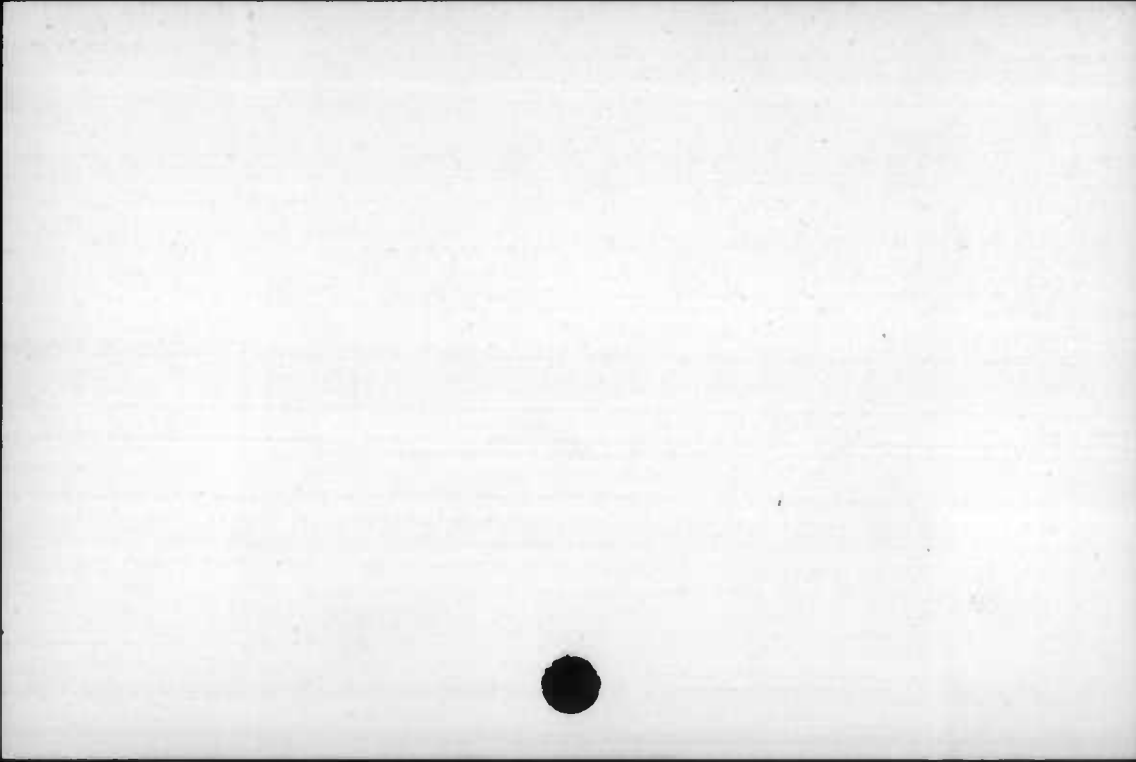
Immediate *Carcinoma of L. Lung* How long *6 weeks*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. E. C. Refraser* Address *Thurmont, Maryland*

Accident or Suicide? ☒

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Interment May 30 - 1909

" at Silver Hill Cemetery
Near Mt. Pleasant Md

Thomas P. Rice F. d.

Dr Bourne

Dr McCurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

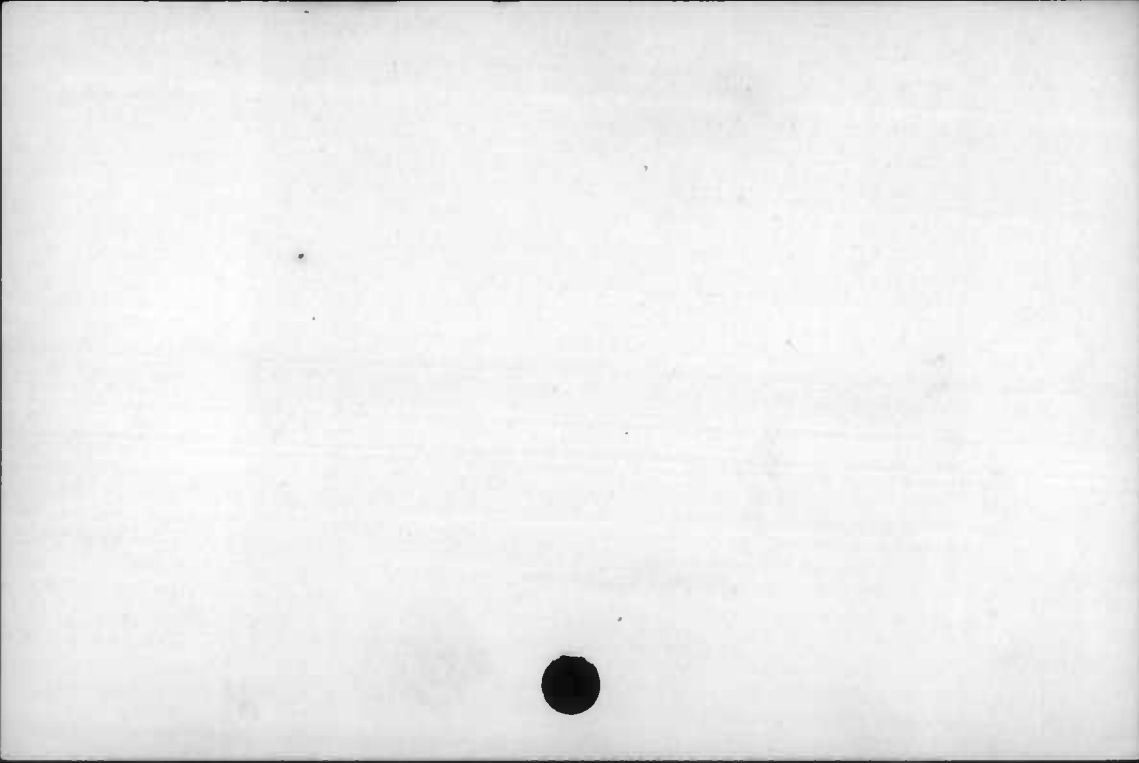
Name in Full Raymond Nailor		Town Della		County Fredenich		MARYLAND	
Died at Della		Date of death 1909 May 12		Age Two		Months Three Days 4	
Sex Male		Color or Race Black		Birth-place Della			
Occupation H		Where Residing if not at place of death H					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Perry Nailor				Father's Birthplace Maryland			
Mother's Maiden Name Mary Crowwell				Mother's Birthplace Maryland			
Name of person giving information Charles Nailor				How related to deceased Niece			

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary Measles + Bronchitis	How long 6 wks ago
Immediate Acute Intestinal Nephritis	How long 11 H
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Jos. G. Thomas
	Address Adamstown Md.
Accident or Suicide?	



Name
in
Full

Viola Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredericks</u> Town		<u>Fredericks</u> County		MARYLAND	
Date of death	1909	Month	5	Day	19
Age	1	Years		Months	8
				Days	0
Sex	<u>Female</u>		Color or Race	<u>Black</u>	
Occupation			Birth-pla	<u>Fredericks</u>	
			Where Residing if not at place of death	<u>Same</u>	
Marriad, Single or Widowed	<u>Single</u>		Name of Wifa or Husbnd		
Father's Name	<u>George Nelson</u>			Father's Birthplace	<u>Maryland</u>
Mothar's Maiden Name	<u>Blanche Claggett</u>			Mother's Birthplace	<u>"</u>
Name of parson giving Information	<u>Blanche Nelson</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

Primary	<u>Whooping Cough</u>	How long	<u>8</u>
Immediate	<u>Pneumonia</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, data and plac	<u>yes</u>	Signature of Physician	<u>W. H. Hedges</u>
Address			<u>Fredericks</u>
Accident or Suicida	<u>~~~~~</u>		

PHYSICIAN
OR CORONER

Interment May 20 - 1909

" at Greenmount Cemetery

Thomas P. Rice F.R.S.

Dr. Hedges

Dr. Mc Gurdy

Name
in
Full

Jannie Philips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

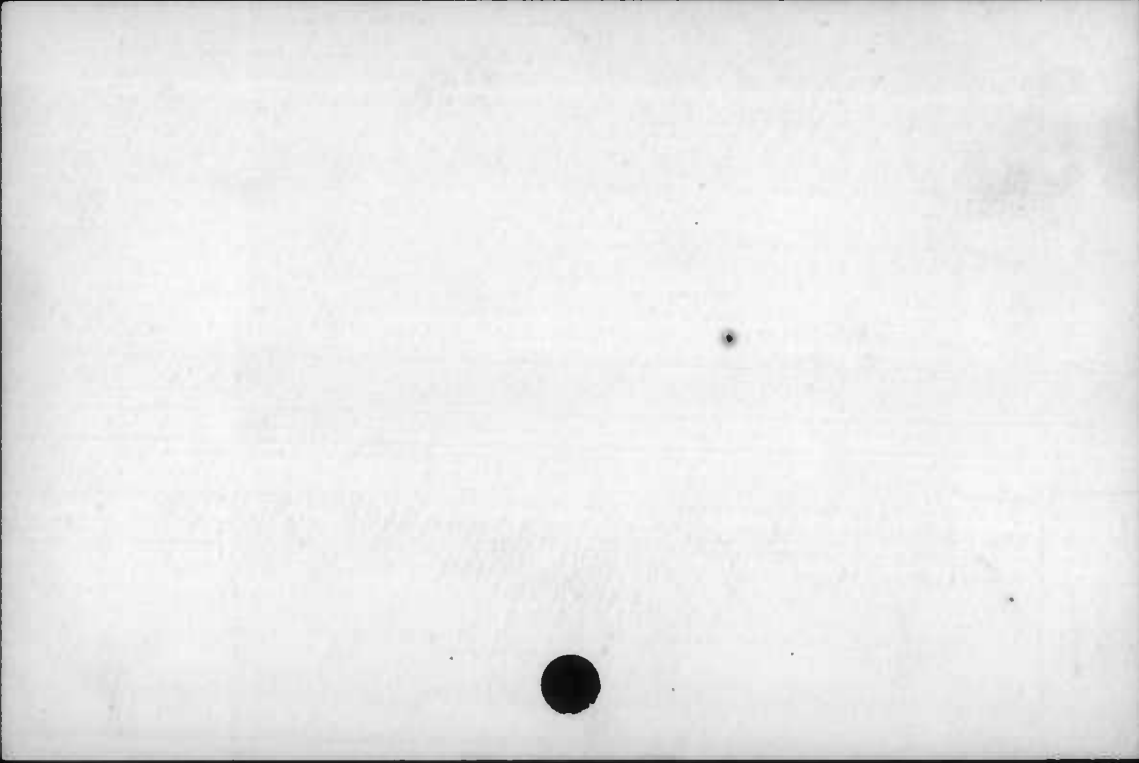
Died at <u>Emmitsburg</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	1909	Month	May	Day	8
Age	35	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Emmitsburg
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>George Philips</u>			
Father's Name	<u>James Knapp</u>		Father's Birthplace <u>Emmitsburg</u>		
Mother's Maiden Name	<u>Sophia Menses</u>		Mother's Birthplace <u>Emmitsburg</u>		
Name of person giving information	<u>Daniel Sweeney</u>		How related to deceased <u>Undertaker</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>8 months</u>
Immediate	<u>Cardiac cathemia</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>B. J. Jameson</u>	
Address		<u>Emmitsburg</u> <u>Mo.</u>	
Accident or Suicide?			



Name
in
Full

W. Harris Francis Poffenberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick* Town *Frederick* County *X* **MARYLAND**

Date of death *1909* Month *May* Day *22* Age *10* Months *X* Days *X*

Sex *Female* Color or Race *White* Birth-place *Washington Co*

Occupation *X* Where Residing if not at place of death *Myersville*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name *Chas Malay* Father's Birthplace *Greencastle Pa*

Mother's Maiden Name *Daisy P Poffenberger* Mother's Birthplace *Frederick County*

Name of person giving Information *Daisy B Poffenberger* How related to deceased *Mother*

CAUSES OF DEATH

146

Primary *Trauma* How long *3 or 4 weeks*

Immediate *Autochthonous myelitis of trunk* How long *2 or 3 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Johnson M.D.
Frederick Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Funeral Myersville May 22.

Wm. Butler Bros. F.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julius Adolph Rauschenbach

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death *1909* Month *May* Day *23* Age *69* Years Months *7* Days *3*

Sex *male* Color or Race *white* Birth-place *Perig Germany*

Occupation *Printer* Where Residing if not at place of death *14 East Frederick Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *unknown*

Name of person giving Information *Chas Skermann* How related to deceased *no relation*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

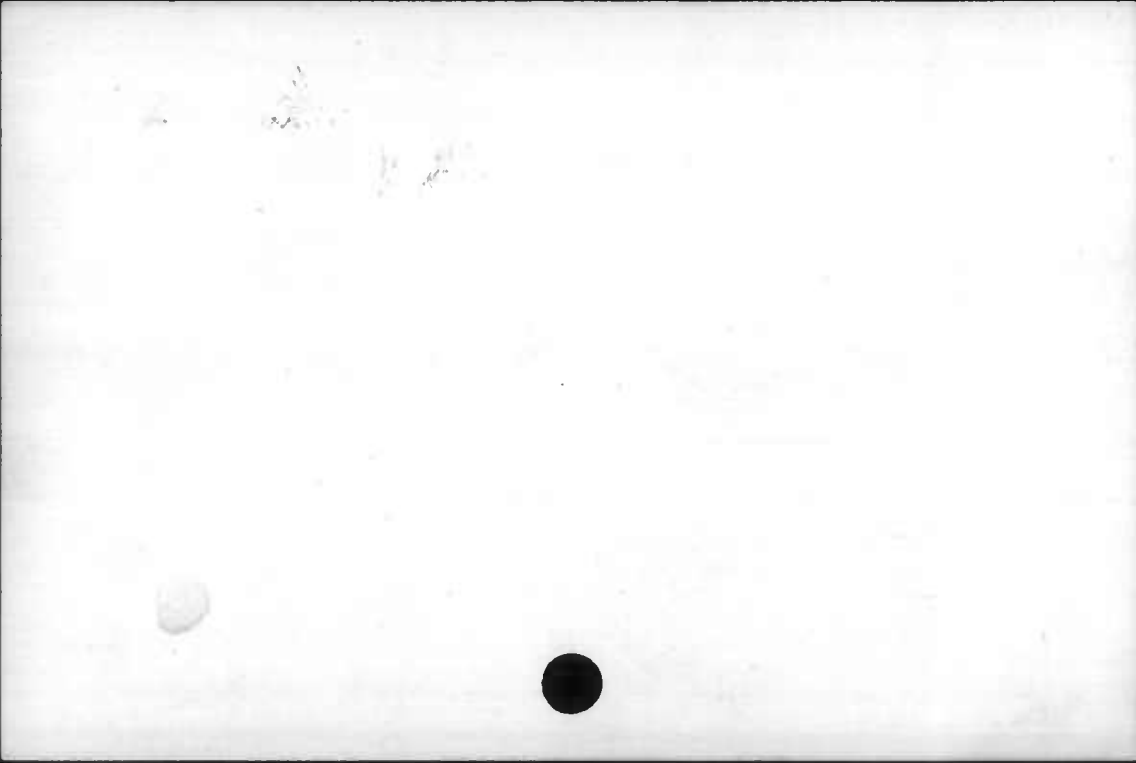
Primary *Valvular disease of Heart* How long *Unknown*

Immediate *Hypostatic Congestion of lungs* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Labner* Address *23 E Church St Frederick Md.*

Accident or Suicide



Name
in
Full

Catharine M. Ruckel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Frederick County Frederick MARYLAND

Died at Frederick

Date of death 1909 Month May Day 15 Age 73 Months 9 Days 15

Sex Female Color or Race White Birth-place MD

Occupation Atm'd H. W. Where Residing if not at place of death MD

Married, Single or Widowed Widowed Name of Wife or Husband Jos. F. Ruckel

Father's Name Jos. Stone Father's Birthplace MD

Mother's Maiden Name MD Mother's Birthplace MD

Name of person giving Information Chas. J. Ruckel How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

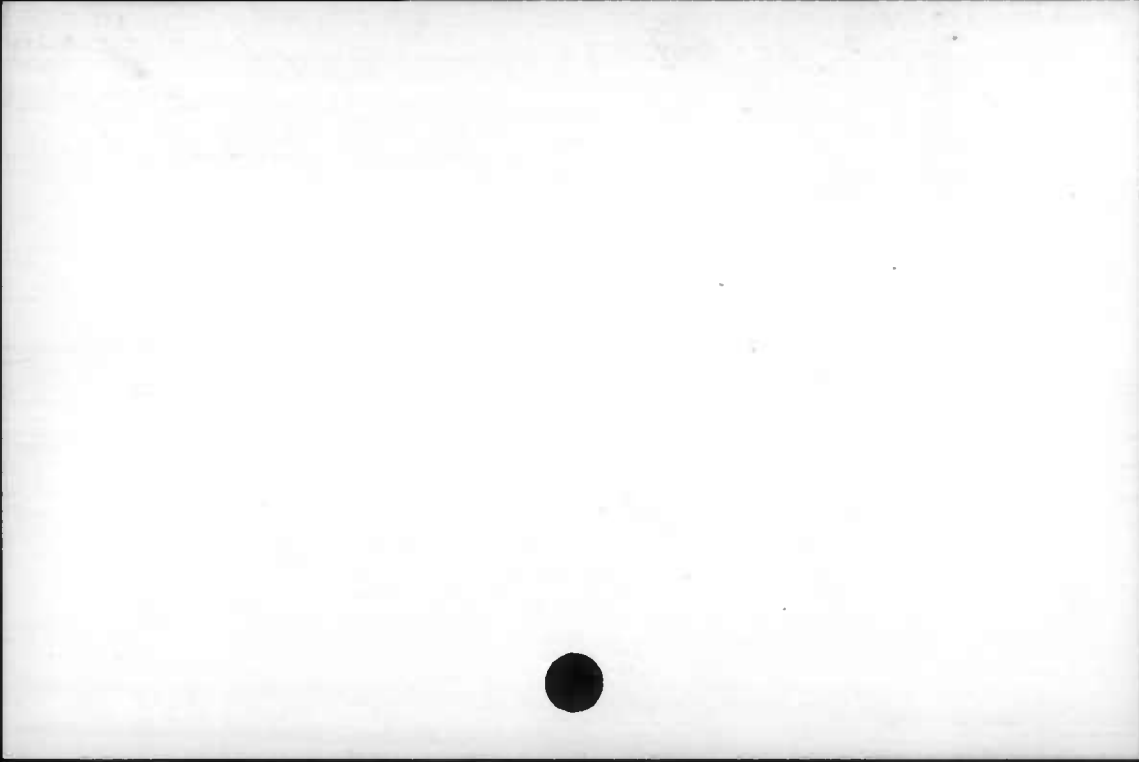
Primary Frailty How long 6 yrs

Immediate Physiological dissolution How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. McCurdy Address Frederick

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>5</i>		Day <i>15</i>		Age <i>36</i>	
Sex <i>Male</i>		Color or Race <i>Mh</i>		Birth-place <i>Md</i>		Months _____ Days _____	
Occupation <i>Laborn</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>unk</i>				Father's Birthplace <i>Washington</i>			
Mother's Maiden Name <i>unk</i>				Mother's Birthplace <i>Washington</i>			
Name of person giving Information <i>Mr Harrison</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed by cars.</i>		How long <i>Immediate</i>	
Immadiate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yn</i>		Signature of Physician <i>Richard B. Day J.P</i>	
		Address <i>Adamstown. Md</i>	
Accident or Suicide <i>accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

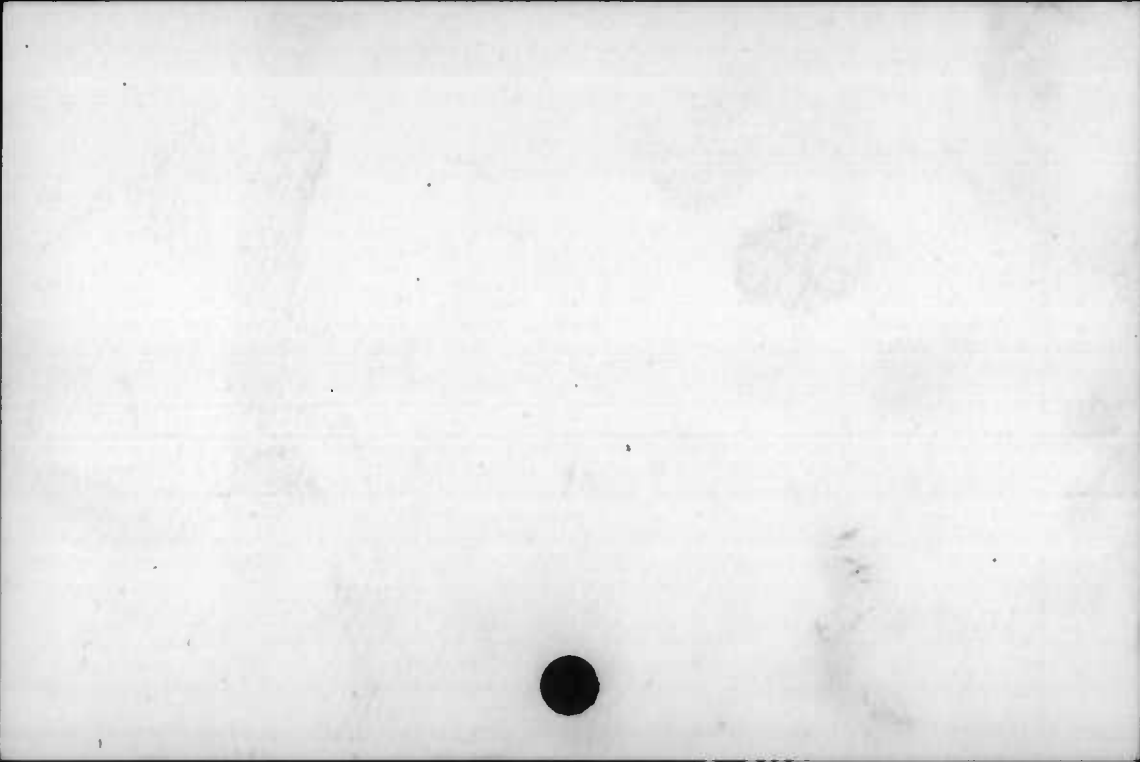
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Rockville</i>		County <i>Bedford</i>		MARYLAND	
Date of death	1909	Month <i>8</i>	Day <i>28</i>	Age <i>2</i>	Months <i>28</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Rockville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Elmer C. Rutzahn</i>			Father's Birthplace <i>Middletown</i>		
Mother's Maiden Name <i>Madora L. Stone</i>			Mother's Birthplace <i>Not Given</i>		
Name of person giving information <i>Elmer C. Rutzahn</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>from Birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Smith</i>	
		Address <i>Jefferson Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

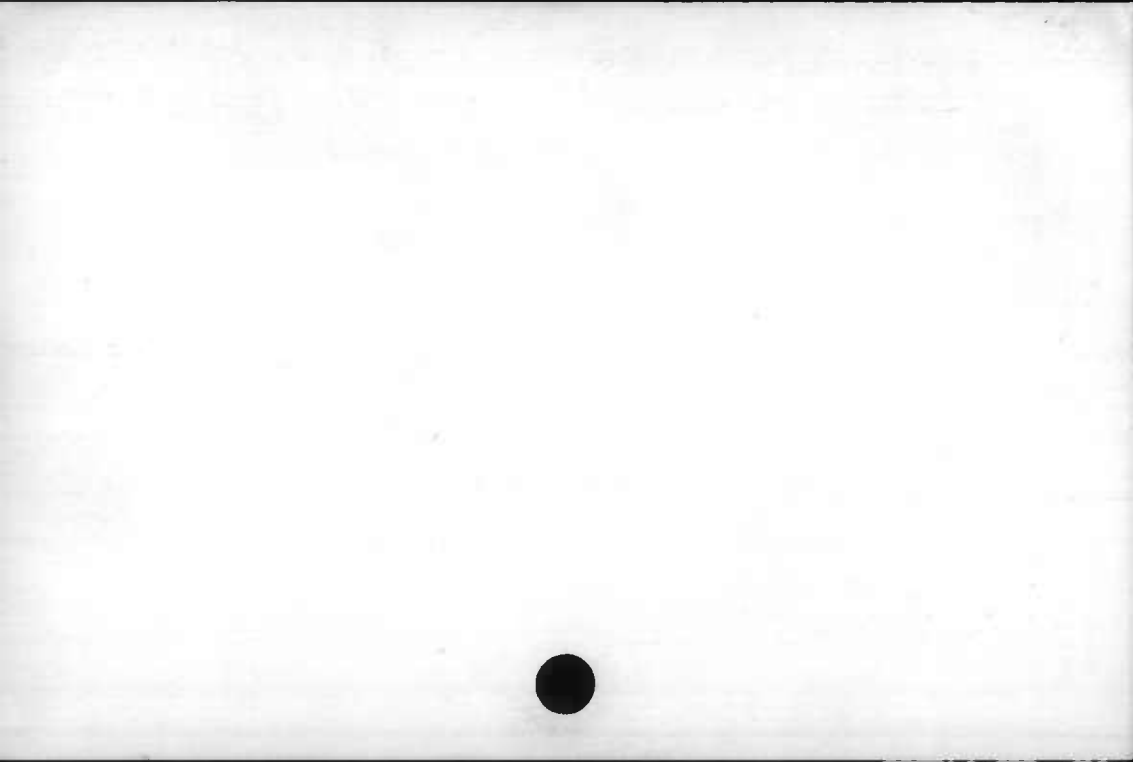
Name in Full <i>John Schlierer</i>		Town <i>Cascade</i>		County <i>Fredrich</i>		MARYLAND	
Died at <i>Cascade</i>		Month <i>15</i>		Day <i>15</i>		Years <i>72</i>	
Date of death <i>1909</i>		Month <i>15</i>		Day <i>15</i>		Years <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Cascade</i>		Days <i>2</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>not given</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Father's Name <i>Peter Schlierer</i>		Mother's Maiden Name <i>Mary Mikls</i>		How related to deceased <i>Wife</i>			
Name of person giving Information <i>Mrs John Schlierer</i>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>valvular disease of heart</i>	How long <i>suffered 2 years</i>
<i>stroke and exhaustion</i>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Orvisky M.D.</i>
	Address <i>Waynesboro, Pa.</i>
Accident or Suicide	



Name
in
Full

Frederick Schlipp No. 13

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Monrovia ^{Town} Frederick ^{County} MARYLAND

Date of death 1909 ^{Month} May ^{Day} 18 ^{Years} Age about 45 yrs ^{Months} — ^{Days} —

Sex Male Color or Race white Birth-place Don't know

Occupation Don't know Where Residing if not at place of death —

Married, Single or Widowed Don't know Name of Wife or Husband Don't know

Father's Name Don't know Father's Birthplace Unknown

Mother's Maiden Name Don't know Mother's Birthplace Unknown

Name of person giving information Information found on person How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accident (Struck by locomotive) 164 ^{How long} —

Immediate Broken neck ^{How long} —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. N. Hopkins M.D.

Address New Market

Accident or Suicide Accident Md.



Name
in
Full

Walter E. Shearer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> <u>Frederick</u> <u>MARYLAND</u>	
Date of death <u>1909</u> <u>5</u> <u>11</u>	Age <u>—</u> <u>9</u> <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>Same</u>
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>
Father's Name <u>Walter E. Shearer</u>	Father's Birthplace <u>Frederick Co Md</u>
Mother's Maiden Name <u>Florence M. Houch</u>	Mother's Birthplace <u>Frederick Md</u>
Name of person giving Information <u>Walter E. Shearer</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Bronchitis acute</u>	How long <u>1 month</u>
Immediate <u>Bronchitis pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. H. Holden</u>
Address <u>—</u>	
Accident or Suicide <u>—</u>	

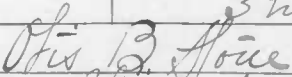

Interment May 13 - 09

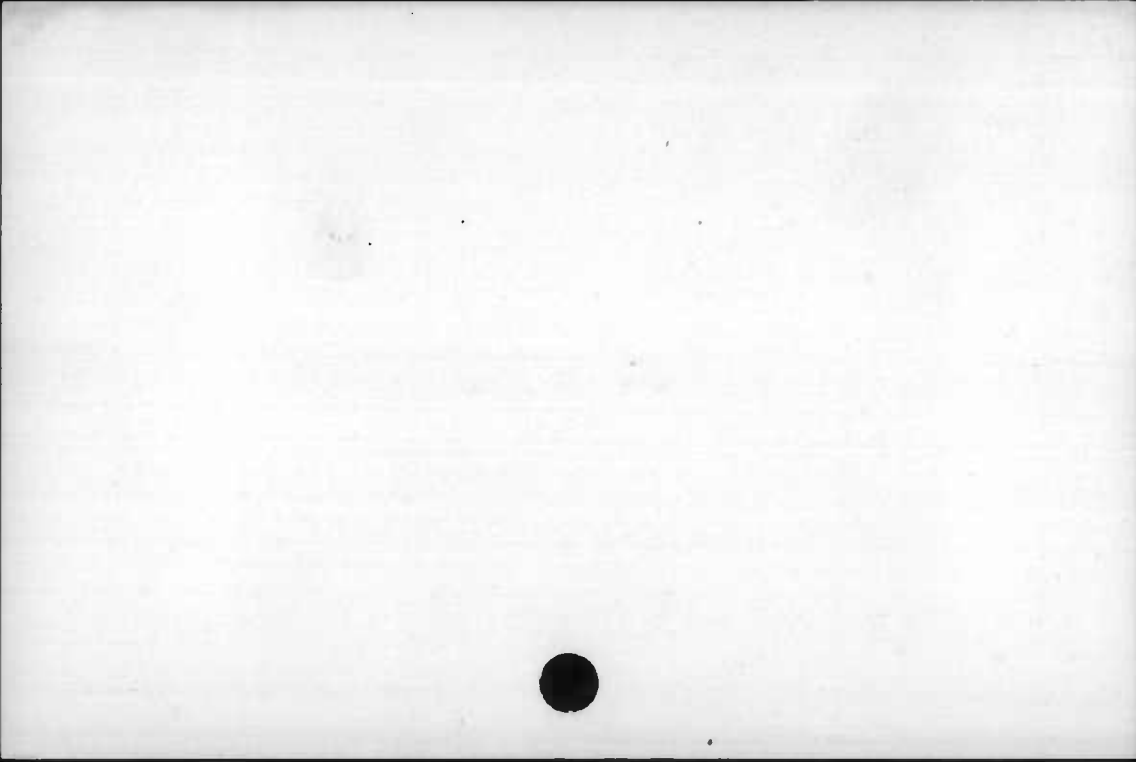
" at Mt Olivet Cemetery

Thomas P. Rice F.D.

Dr Hedges

Dr M^cCurdy,

Name in Full		Albert Collins Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Liberty Town		Frederick County		MARYLAND		
	Date of death	1909	May	10	Age	57	Months 8 Days 28	
	Sex	Male		Color or Race	White		Birth-place	Frederick Co
	Occupation	Farmer		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				Emma Smith
	Father's Name	Joseph Smith				Father's Birthplace	Frederick Co	
	Mother's Maiden Name	Elizabeth Collins				Mother's Birthplace	Frederick Co	
Name of person giving information	Nova Smith				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Aortic Anomies				How long	about 4 yrs	
	Immediate	Heart Failure				How long	3 hrs	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				 Dr. B. Howe Liberty Town Frederick Co.			
	Address				 Liberty Town Frederick Co.			
Accident or Suicide?								



Name
in
Full

Reno H. Staub

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

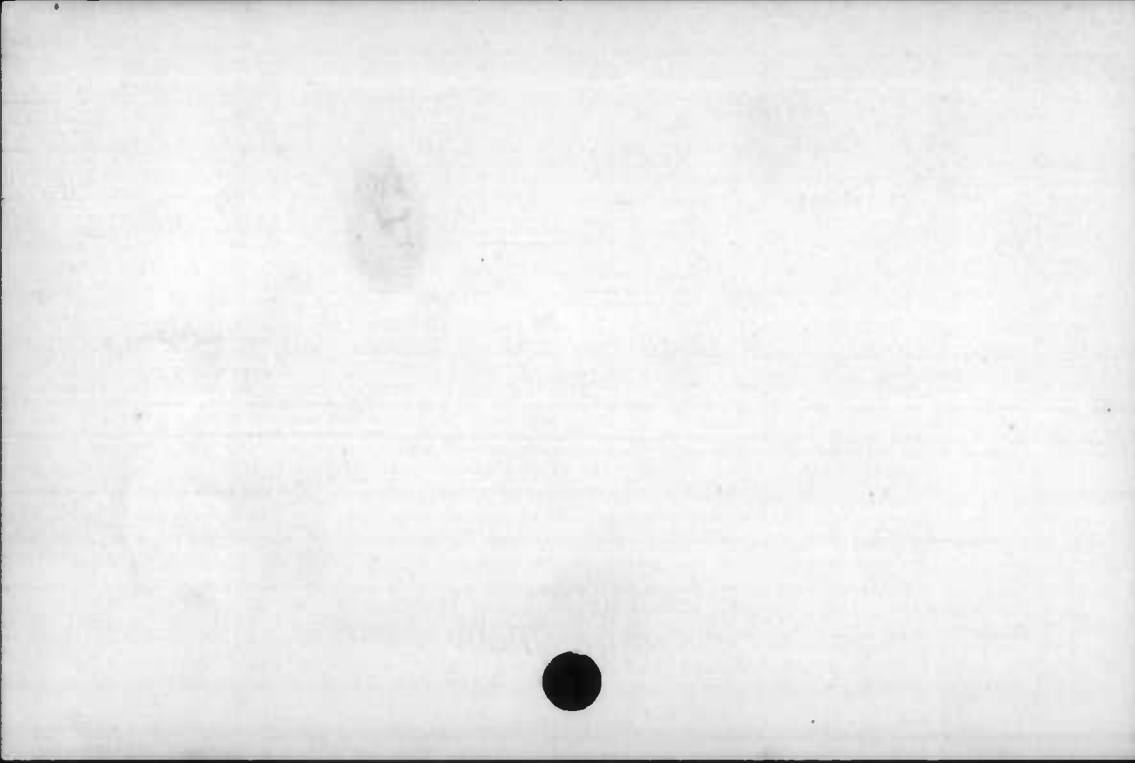
Died at <u>Greagerstown</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>May</u> ^{Month}	<u>8th</u> ^{Day}	Age <u>2</u> ^{Years}	<u>9</u> ^{Months}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>			
Occupation _____			Where Residing if not at place of death <u>at place of death</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Charles J. Staub</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Effie M. Smith</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information _____		How related to deceased _____			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <u>Acute Nephritis</u>	How long <u>Five days</u>
Immediate <u>Heart failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. D. S. Young</u>
	Address <u>Greagerstown</u>
	<u>Frederick Co. Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

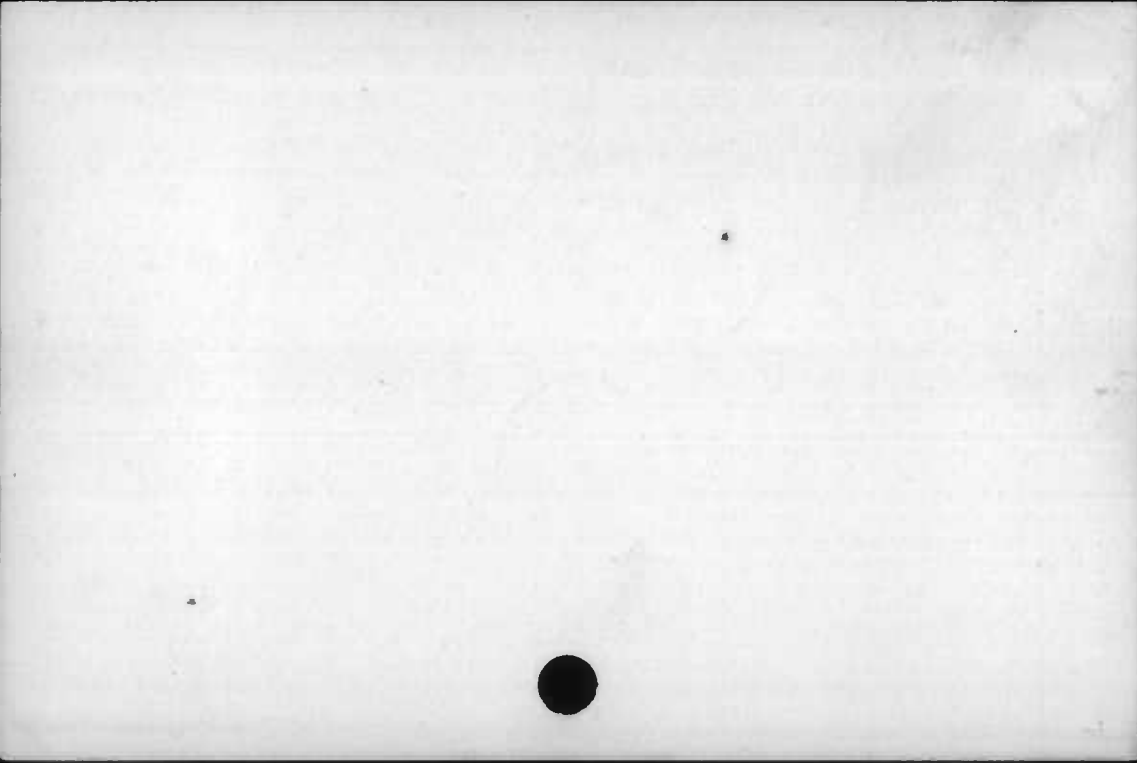
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Nelson Stockman</i>		Town <i>Jefferson</i>		County <i>Fredonia</i>		MARYLAND	
Died at		Date of death		Age		Months	
		Month <i>5</i>		Day <i>24</i>		Years <i>99</i>	
						Days <i>12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Jefferson</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Amanda C. Stockman</i>					
Father's Name <i>Henry Stockman</i>		Father's Birthplace <i>Fred Co</i>					
Mother's Maiden Name <i>Catharine Schofer</i>		Mother's Birthplace <i>Fred Co</i>					
Name of person giving information <i>Cora Cochran</i>		How related to deceased <i>Daughter</i>					

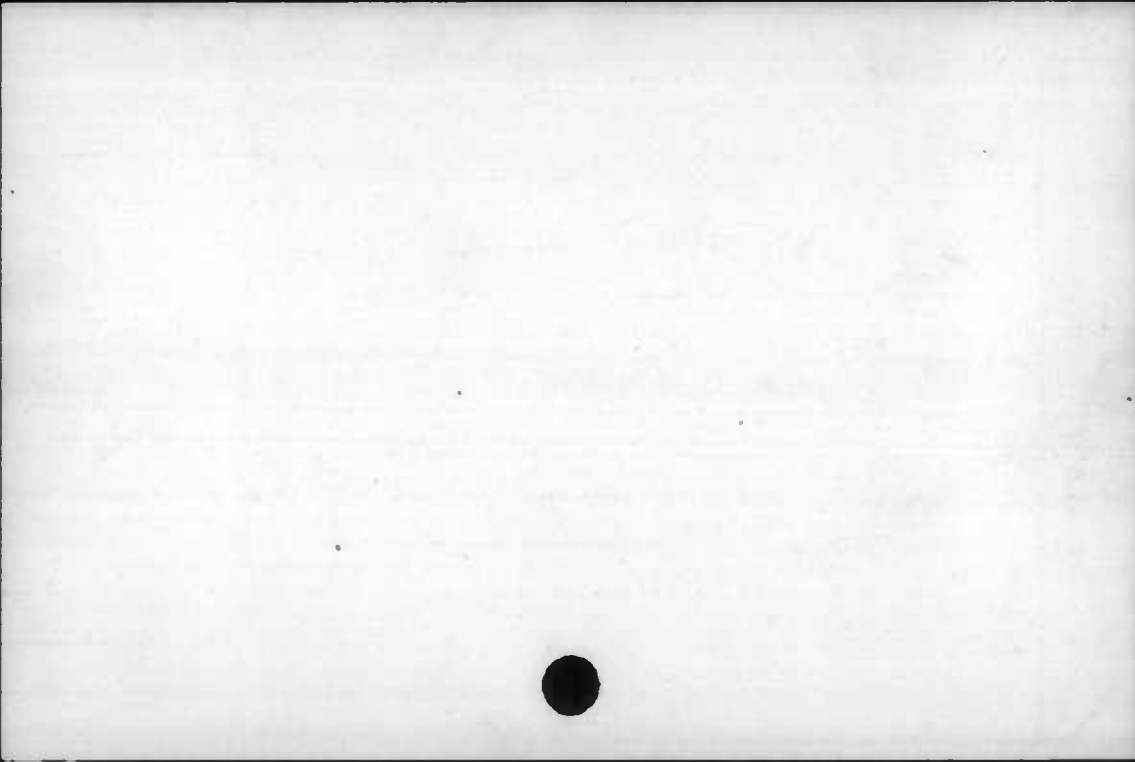
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>(10)</i>	
Immediate <i>Paralysis</i>		How long <i>Few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. H. Bolster, Esq.</i>	
		Address <i>Jefferson</i>	
Accident or Suicide?		<i>Fred Co Md</i>	



Name in Full		William Suradner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Liberty Town		Frederick		MARYLAND
	Date of death		1909	Month	May	Day	2nd
			Age		76	Months	2
					Days	8	
	Sex	male		Color or Race	White		Birth-place
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		married		Name of Wife or Husband		
		Frances A Suradner					
Father's Name		William Suradner				Father's Birthplace	
						Frederick Co.	
Mother's Maiden Name		Eveline Danner				Mother's Birthplace	
						Frederick Co	
Name of person giving information		Maurice Suradner				How related to deceased	
						Son	
CAUSES OF DEATH							
Primary		Enlarged Prostate & Cystitis				How long	
						2 yrs.	
Immediate		Septic Infection				How long	
						3 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. B. Howe	
				Address		Liberty Town,	
						Frederick Co.	
Accident or Suicide?							



Name
in
Full

Hester Anne Tobrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rees Mill</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1909.		Month <i>5th</i>	Day <i>26</i>	Age <i>82</i>	Years	Months <i>Don't know</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm. H. Tobrey</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Melden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Mrs Philip Dare</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>6 years</i>
Immediate	<i>Uraemic Coma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>George H. Riggs M.D.</i>	
		Address <i>Farmville Md.</i>	
Accident or Suicide			

Mt Carmel

7/28 1909

to to Carey-

Name
in
Full

Charles Edward Trail

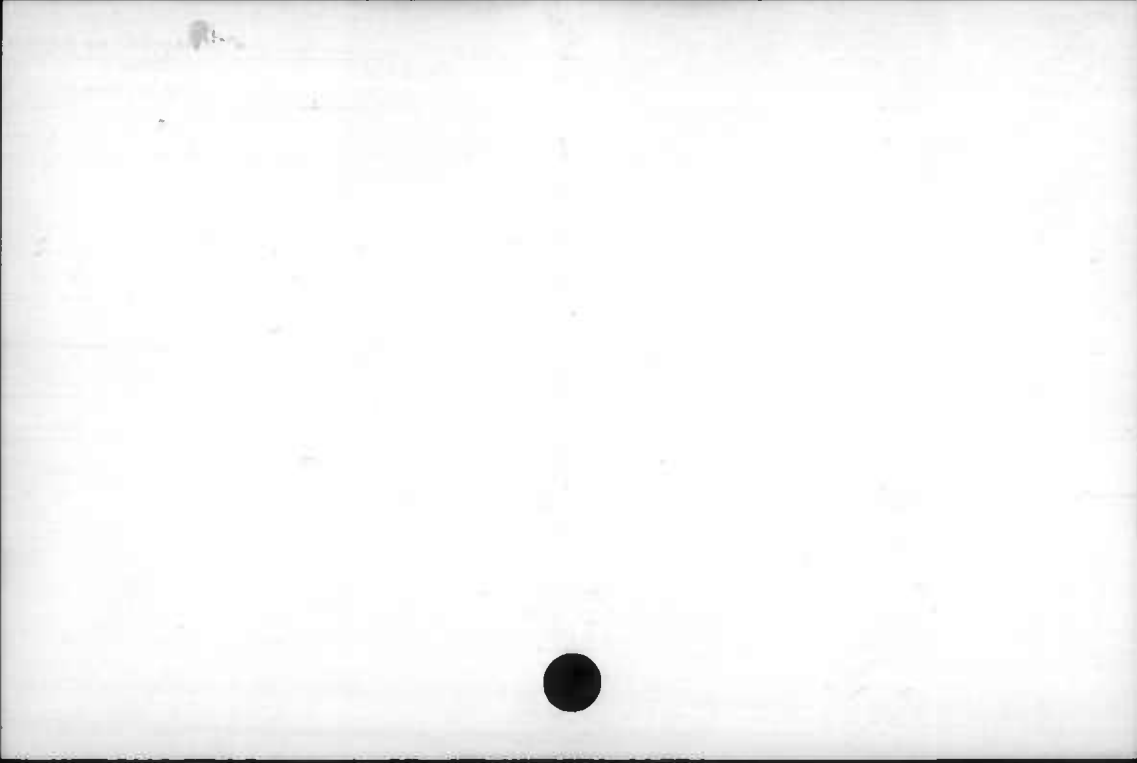
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Fredensburgh ^{County} _____ ^{State} MARYLANDDate of death 1909 ^{Month} ✓ ^{Day} 8 ^{Years} 84 ^{Months} _____ ^{Days} _____Sex Male Color or Race White Birth-place Fredensburgh MdOccupation Retired Where Residing if not at place of death _____Married Single or Widowed Name of Wife or Husband Anima Rice ElfreshFather's Name Edward Trail Father's Birthplace Fresh MdMother's Maiden Name Miss Lydia C. Ransburg Mother's Birthplace Fresh MdName of person giving Information Dr Alfred Beck How related to deceased Son in law

CAUSES OF DEATH

154

Primary Senility How long _____Immediate Exhaustion How long _____Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Walter BuchananAddress Fredensburgh, MdAccident or Suicide _____PHYSICIAN
OR CORONER



Name
in Full

Catherine & Barnard Davis

CERTIFICATE OF DEATH

Died at ^{Frederick} ^{Town} East 3rd St City - 1909 ^{Frederick} ^{County} May ^{Maryland}

Date of death 1909 ^{Month} May ^{Day} 14 ^{Age} 74 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Occupation Wife ^{Where Residing if not at place of death} East 3rd St City

Married, Single or Widowed ^{Name of Wife or Husband} Lee Grand H Davis

Father's Name Col Samuel Barnard ^{Father's Birthplace} Sausbuck

Mother's Maiden Name Catherine Smith ^{Mother's Birthplace} Frederick &

Name of person giving Information Mrs Caroline White ^{How related to deceased} Daughter

CAUSES OF DEATH

40

Primary Cause of Death ^{How long} Several months

Immediate Cause of Death ^{How long} one week

Are the name, age, sex, color, date and place correctly given above?

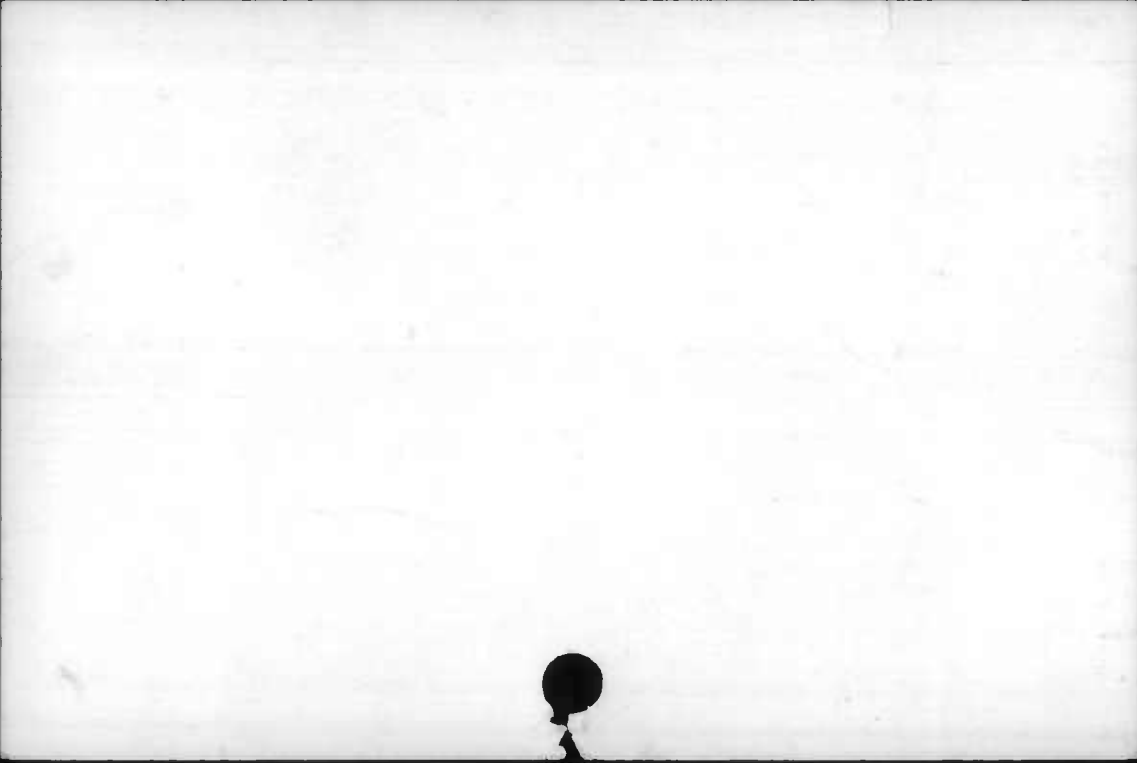
Signature of Physician

Address W. G. Williams, Frederick Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Leroy Turner
Town Frederick County
Died at Frederick Maryland
Date of death 1909 Month 5 Day 25 Age 18 Months 8 Days 17
Sex Male Color or Race Black Birth-place Fredk Co Md
Occupation Waiter Where Residing if not at place of death Same
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Henry Turner Father's Birthplace Maryland
Mother's Maiden Name Rosa Mack Height Mother's Birthplace Fredk Co Md
Name of person giving Information Rosa Turner How related to deceased Mother

CAUSES OF DEATH

Primary Tuberculosis How long 27
Immediate Exhaustion Asthma How long 4 weeks
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician [Signature]
Address [Redacted]
Accident or Suicide

PHYSICIAN
OR CORONER

Interment May 28 - 1908

" at Laboring Soci's Cemetery

Thomas P. Rice F. & D.

Dr. McCurdy

Dr. McCurdy.

Name
in Full

Charles E. Washington

CERTIFICATE OF DEATH

Died at *Frederick* *Frederick* **MARYLAND**

Date of death 1909 Month *5* Day *21* Age *20* Months *0* Days *0*

Sex *Male* Color or Race *Black* Birth-place *Frederick*

Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *George Washington* Father's Birthplace *Maryland*

Mother's Maiden Name *Henrietta Biggs* Mother's Birthplace *"*

Name of person giving Information *Henrietta Washington* How related to deceased *Mother*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *Several days*

Immediate *Exhaustion* How long *" days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *U. G. Dixon M.D.*

Address *Frederick, Md*

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment May 23 - 1909
" at Greenmount Cemetery

Thomas P. Rice Jr.,

Dr. Bourne,
— — — — —

Dr. McGurdy,

Name
in
Full

William Jonathan Whitmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

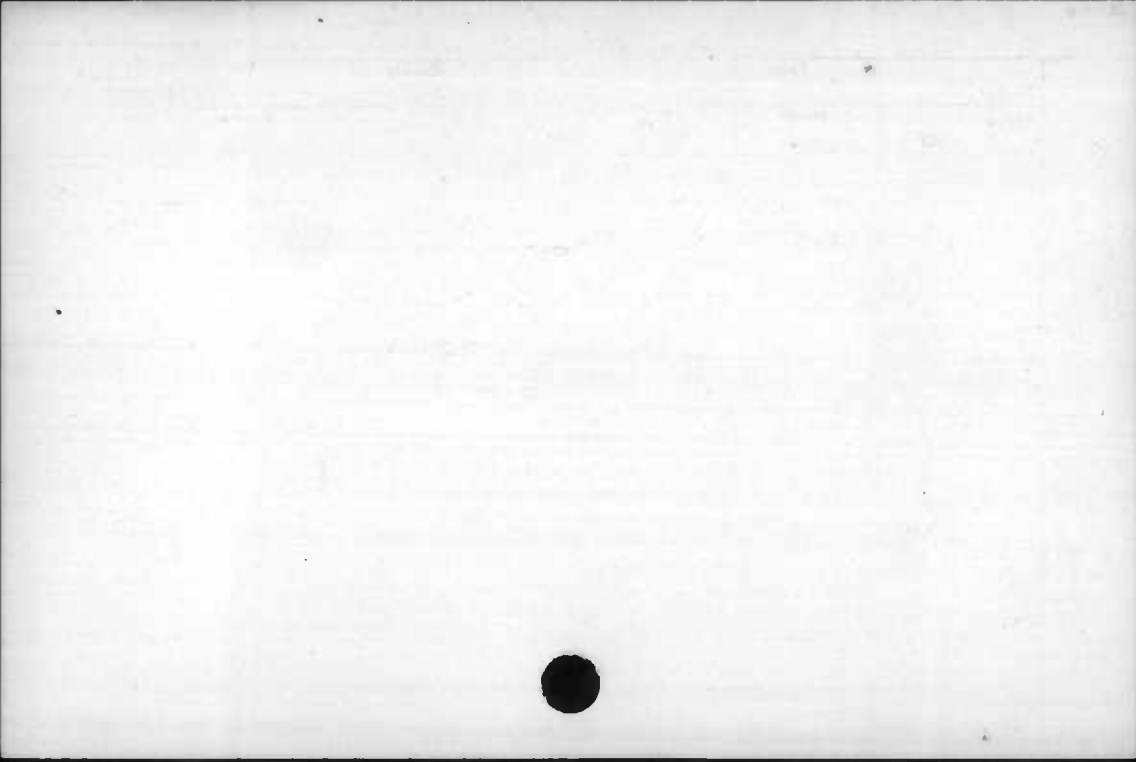
Died at		Town <i>Araby</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>12</i>	Age <i>83</i>	Years	Month <i>6</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Fredk. Co., Md.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Barbara Shook</i>					
Father's Name <i>Nicholas Whitmore</i>		Father's Birthplace <i>Fredk. Co., Md.</i>					
Mother's Maiden Name <i>Phoebe Stull</i>		Mother's Birthplace <i>Fredk. Co., Md.</i>					
Name of person giving In formation <i>Frank Whitmore</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>Several years</i>
Immediate <i>Cardiac asthenia</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Huddiey, Md.</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Edna Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

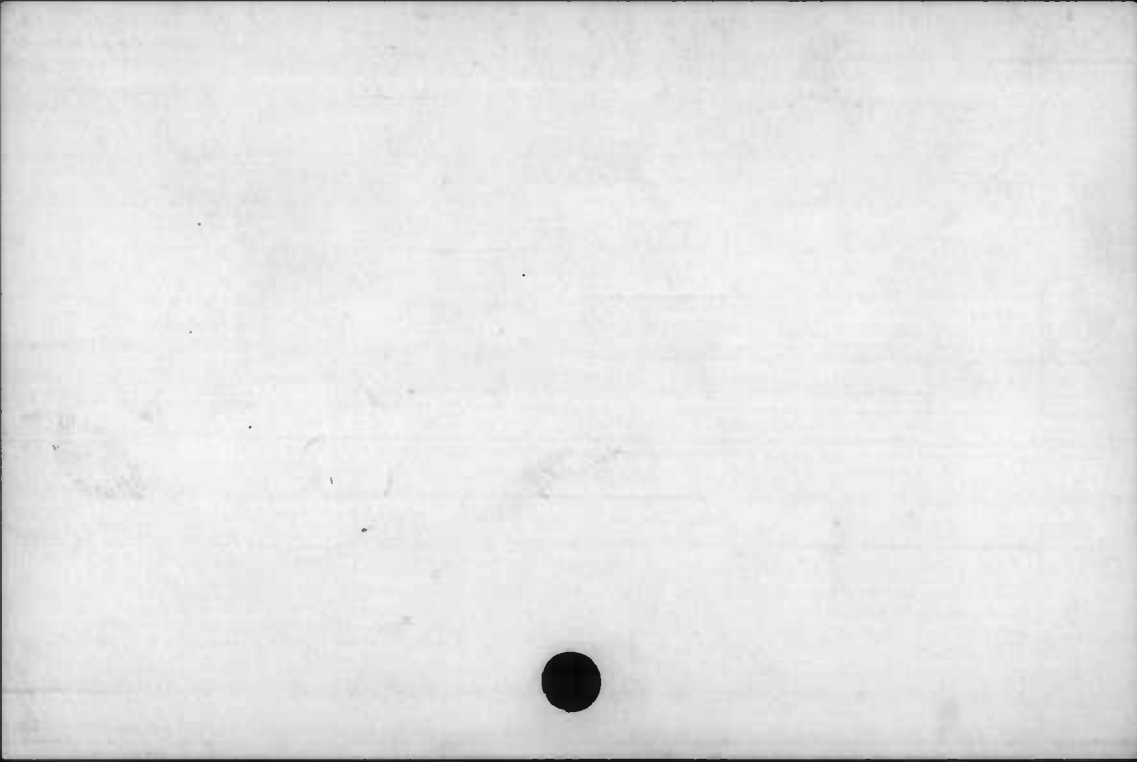
Died at <u>Wm Brunswick</u> ^{Town}		<u>Fredrick</u> ^{County}		MARYLAND	
Date of death	1909	Month	May	Day	2
Age	Years		Months		Days
Sex	Female		Color or Race	White	
Occupation	Infant		Birthplace	Brunswick Ma	
Where Residing if not at place of death		Brunswick Ma			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Chas E Whittington		Father's Birthplace	West Va	
Mother's Maiden Name	Bella D Gray		Mother's Birthplace	West Va	
Name of person giving information	Wm A Clapp		How related to deceased	Uncle	

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<u>Dysenteric Cramp</u>	How long	<u>1-day</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. J. Hedges</u>
		Address	<u>Brunswick Ma</u>
Accident or Suicide?			



Name
in
Full

Ezra Park Willard

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Knowville

Indurick

Date

of death

1909

Month

May

Day

28

Age

Years

42

Months

5

Days

18

Sex

Male

Color or
Race

white

Birth-
place

md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Huaband

Pauline Willard

Father's
Name

Ezra Willard

Father's
Birthplace

md

Mother's
Maiden Name

Santta Biser

Mother's
Birthplace

md

Names of person giving
Information

Frank Willard

How related
to deceased

Brother

CAUSES OF DEATH

166

Primary

How long

Immediats

gun shot -

How long

5 or 10 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. H. Horner

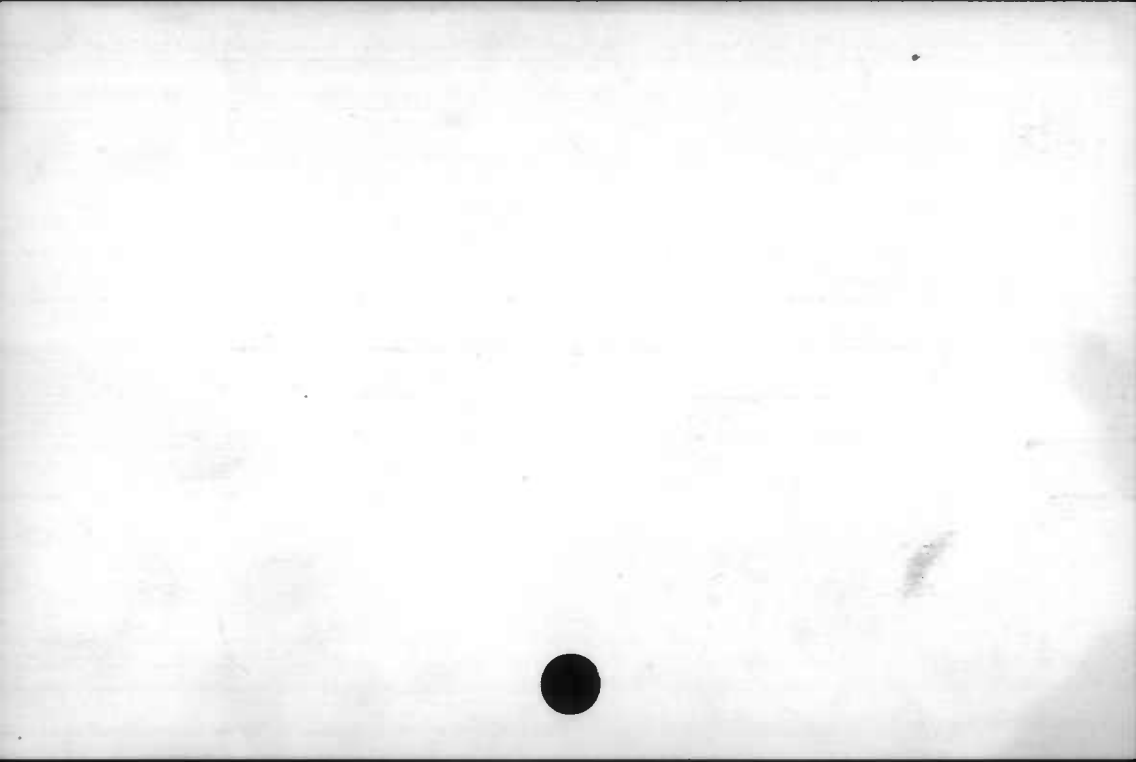
Brunswick

md

Accident or Suicide

Suicide accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alexander Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	12	65		X	X
Sex		Color or Race		Birth-place			
Male		Black		Unknown			
Occupation				Where Residing if not at place of death			
None				Same			
Married, Single or Widowed		Name of Wife or Husband					
Unknown		Unknown					
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
"				"			
Name of person giving Information				How related to deceased			
Nicholas Gassaway				No relation			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary		How long	
Senile Dementia		Several months	
Immediate		How long	
Paraplegia		" hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		U. G. Brown M.D.	
		Address	
		Frederick Md	
Accident or Suicide			
Neither			

bbearly

Baltimore Md

Name
in
Full

Paul Kersey Williams

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Brunswick

Frederick

Date

of death

1909

Month

May

Day

31

Age

Years

7

Months

2

Days

18

Sex

male

Color or
Race

white

Birth-
place

Virginia

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

(not given - illegitimate)

Father's
BirthplaceMother's
Maiden Name

Vida Williams

Mother's
BirthplaceLondon Co.,
Va.Name of person giving
Information

Mrs. Vida Williams Maguire

How related
to deceased

mother

CAUSES OF DEATH

Primary

Myeloid Leukaemia

How long

2 1/2 years

Immediate

Anaemia & exhaustion

How long

Last illness
lasted a monthAre the name, age, sex, color, date
and place correctly given above?

Yes

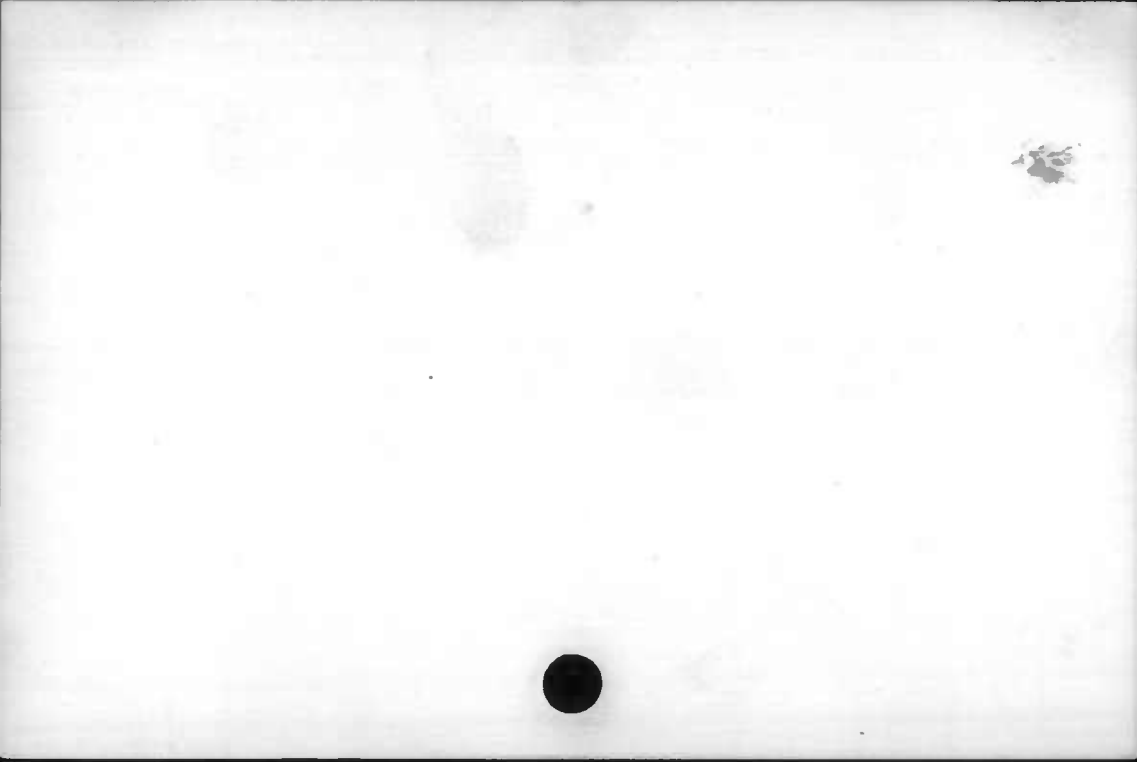
Signature of
Physician

Address

C. W. C. C. C.
Brunswick,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indues</i>		Town <i>Indues</i>		County <i>Indues</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>2</i>		Age <i>69</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>La.</i>		Months <i>7</i>	
Occupation <i>Clerk.</i>		Where Reiding if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A. Sharp.</i>					
Father's Name <i>John Young</i>		Father's Birthplace <i>La.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Julia Young</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Gradual.</i>
Immediate <i>Hypertension</i>	How long <i>A few min.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indues Md.</i>
Accident or Suicide	

